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REPORT OF THE INTERNATIONAL CONFERENCE ON POPULATION AND DEVELOPMENT

Synthesis of national reports on population and development

Report of the Secretary-General of the International Conference on Population and Development

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I. INTRODUCTION

1. A substantive part of the preparatory process for the International Conference on Population and Development at the national level has been the preparation by participating countries of a national report describing the population situation, policies and programmes, as well as future population and development goals and objectives, of the country concerned.

2. In recognition of the importance of these national reports and in compliance with resolution 1 of the Conference recommending that the General Assembly consider at its forty-ninth session the synthesis of national reports on population and development, the present report has been prepared by the secretariat of the Conference. The report provides the main findings, trends, collective experience, concerns and goals, based on the analysis of 138, out of a total of 167, national reports received.

3. The International Conference on Population and Development brought together the collective contributions of the Member States of the United Nations around one of the most important topics of our time. A significant outcome of the preparatory process for the Conference was the preparation of the national reports. For many countries, these reports represent the most comprehensive survey of population and development issues ever assembled. They are also often the first report on the combined themes of population and development. Collectively, they represent a wealth of information and experience on the topic, the likes of which have never before been simultaneously assembled.

A. The purpose of the national reports

4. The purpose of the national report exercise was threefold. Firstly, the reports were intended to provide an avenue for the expression of national-level perspectives at the Conference. It was anticipated that the experiences described in the reports would lend pragmatism and realism to the Conference deliberations and declarations.

5. Secondly, it was envisioned that the national reports would play an important role at the national level (a) by creating a forum for gathering the experience of the past several decades and reassessing priorities; (b) by stimulating the dialogue between policy makers, different levels of Government, academics and non-governmental organizations, as well as the private sector; (c) by helping to clarify the country's position on certain issues; and (d) by providing a catalyst for all parties to recommit themselves to population and development objectives and goals.

6. Thirdly, it was thought that the national reports could play a role in exchanging experience and lessons learned among countries on various aspects of population and development.

B. Preparation of the national reports

7. The national report exercise was launched by the Secretary-General of the International Conference on Population and Development on 3 April 1992 in a letter to all the permanent missions to the United Nations proposing the establishment of national preparatory committees for the Conference and the preparation of national reports on population and development. The guidelines for the preparation of the reports were detailed in a letter dated 10 July 1992.

8. A third letter from the Secretary-General of the Conference to the permanent missions, dated 16 September 1993, enclosed a set of complementary information forms to ensure the standardization of information in order to facilitate cross-country comparison.

9. In most developing countries, the national report was formulated by national consultants in conjunction with an interdisciplinary and inter-institutional team of high-level government officials. Frequently, this took the form of a national preparatory committee for the Conference or a national population council. However, in some cases it was the national planning agency or the ministry of health and social welfare that was responsible for the formulation of the report. In many cases, universities and other research institutes, non-governmental organizations, the private sector and external donors were invited to participate at various stages of the formulation process.

10. A heterogeneous group of institutions was responsible for preparing the national reports in industrialized countries. Sometimes the main institution involved was the national preparatory committee for the Conference or the national population council, but equally it was sometimes the national statistical office, a university, the development cooperation agency, the ministry of foreign affairs, or some combination of the above. In some countries, the formulation of the national report was subcontracted outside the Government.

C. Brief description of the reports received

11. Of the 167 national reports received by the Conference secretariat, 124 were from developing countries and 43 were from industrialized countries. A complete list of the countries that submitted national reports appears in annex I to the present report. In addition, 80 countries completed and returned the complementary information forms to the Conference secretariat.

12. The national reports varied in terms of size, format and content. The average length of the reports was 40 pages and in most cases the format suggested by the Secretary-General of the Conference was used. Although the issues and concerns varied, most reports covered the full range of population dynamics: growth, structure, distribution and movement. An overview of demographic trends was generally provided (past, present and future), as was a description of policies and programmes, operational issues and recommendations/intentions for the future. In addition, the majority of the reports attempted to trace linkages between population and development.

13. By and large, the reports received high-level endorsement from their respective Governments. Some reports were signed by the head of State or approved by the Council of Ministers. In a few countries, a summary of the report was adopted in the form of an official declaration, also by the Council of Ministers. In many countries, the report was signed by the Minister of Planning and/or Finance.

D. Explanatory notes on the synthesis

14. The synthesis reflects the collective perspectives of the national reports. It does not attempt to restate or expound on the reports, but rather to highlight their most interesting and salient features. It also attempts to illustrate the variety and complexity of situations and experience across countries and regions, drawing conclusions as to current priorities whenever possible.

15. The statistics used in the synthesis come exclusively from the national reports and the complementary information forms. When discrepancies existed between the two, the latter source was given precedence. It should be noted that these two sources of statistics do not always correspond with those of the United Nations.

16. The national reports that were received by the Conference secretariat after the synthesis was finalized have not been included in the analyses contained in the present document. The synthesis is based on 138 of the total 167 national reports received (109 from the developing countries and 29 from the industrialized countries).

17. Two country groupings are used throughout the synthesis. Firstly, geographical groups are referred to (regions and subregions) which correspond to the classification system of the United Nations. Secondly, distinction is frequently made between developing and industrialized countries. The former corresponds to the United Nations classification system, while the latter refers to the member countries of the Organisation for Economic Cooperation and Development (OECD), 1/ Eastern Europe and the Commonwealth of Independent States. Finally, it should be noted that references to Western Europe include the countries of Western, Northern and Southern Europe, unless otherwise specified.

II. OVERVIEW OF THE NATIONAL REPORTS

A. Socio-demographic trends and the current situation

18. The national reports collectively convey the evolving state of the world population. They trace new and old socio-demographic trends and identify their impact on the well-being of people. The considerable progress made to date is highlighted, as are the failures and main challenges ahead.

1. Population growth and structure

19. The data from the national reports indicate that the world population growth rate has declined over the past two decades. In some regions the reduction has been quite striking. In eastern Asia, for example, the annual population growth rate declined by 42 per cent between 1970 and 1990. The OECD member countries and Eastern Europe and the Commonwealth of Independent States also experienced sharp drops in their annual population growth rates; 36 per cent and 54 per cent respectively. However, in a few subregions of the world the story was markedly different. In Eastern Africa, for example, the population growth rate rose by 15 per cent.

20. The combination of high population growth, low levels of socio-economic development and slow technological progress has become a major preoccupation among developing countries. Many perceive the situation as placing untenable strains on social services, economic resources and the environment. This has led to the conviction that the rate of population growth must be balanced with the pace of socio-economic development and in conjunction with the regenerative capacity of the natural environment.

21. The industrialized countries, on the other hand, are preoccupied with low and falling rates of population growth. In many of the industrialized countries, the population growth rate is near zero or, in some cases, even negative.

22. Although the world can still be divided into the youthful populations of developing countries and the ageing populations of industrialized countries, the world population as a whole is slowly ageing. Already some developing countries are experiencing a gradual increase in the proportion of elderly people, while the percentage of children under age 15 is slowly but steadily declining.

23. The high proportion of youth in developing countries has given rise to a number of serious problems. Four problem areas stand out in the national reports as particularly challenging: unemployment; social services (particularly health and education); urban housing; and delinquency. The main problems associated with the rapidly ageing populations of the industrialized countries centre around their income and health concerns.

2. Mortality and fertility

24. The national reports show that mortality indicators have improved in nearly all parts of the world over the past two decades. In several regions the improvements were quite significant, such as in Northern Africa, Western Asia and South America where infant mortality rates were reduced by more than half. The industrialized countries also experienced significant improvements in their mortality indicators. However, the gap in mortality indicators between the industrialized and the developing countries widened during the past 20 years. Furthermore, in some regions the considerable improvements in health made during the 1970s were not maintained during the 1980s. Many national reports from Latin America and sub-Saharan Africa indicated that the momentum of the 1970s slowed or even reversed in the 1980s because of the hardships imposed by

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economic recession, the debt crisis, and extended structural adjustment programmes.

25. The decline in the world population growth rate was a direct result of reductions in fertility levels. In the developing countries, the fertility rate decreased by 39 per cent between the 1970s and the 1990s, from 5.9 to 3.6 per cent. The regions of Asia and the Pacific and Latin America and the Caribbean showed the greatest percentage reduction, 44 per cent each. The OECD member countries and Eastern Europe and the Commonwealth of Independent States also experienced declines in their already low fertility rates, causing many of them to express concern regarding persistent sub-replacement fertility levels.

26. In certain subregions of the world, the reductions in fertility have been exceedingly rapid. For example, the total fertility rate (TFR) in eastern Asia declined by nearly 60 per cent between 1970 and 1990. In other subregions TFRs declined only slightly, and in some parts of sub-Saharan Africa they rose.

3. The role and status of women

27. The national reports emphasize the fundamental role played by women in the development process and, in particular, in population-related interventions. Yet, the status and condition of women is often very low, and always lower than that of men, thus hindering their potential contribution to development. Collectively, the national reports highlight this gap between rhetoric on the one hand and practice on the other.

28. Certain characteristics of the status of women emerge from the national reports as common to all regions of the world, developing and industrialized: the rising number of female-headed households; underrepresentation of women in politics and decision-making positions; lower status and salary levels than men in the formal workforce; large proportions of women in the informal sector; and lack of enforcement of legislation to protect the rights of women.

29. In some parts of the developing world, boy-child preferences give rise to severe forms of discrimination against girls, particularly in terms of health and education. Several national reports from Africa mentioned the continued practice of female genital mutilation. Some of the national reports of the industrialized countries and the Latin America and Caribbean region mentioned violence against women as a serious concern. Exceedingly high rates of induced abortion were mentioned in many of the national reports of Eastern Europe and the Commonwealth of Independent States. And the rising incidence of teenage pregnancies was mentioned by a large number of countries across all regions.

30. Many of the initiatives aimed at improving the status of women have been thwarted by a number of interrelated impediments: certain traditional norms; low literacy rates and educational attainment among girls and women; marginalization of women's issues by policy and decision makers; and weak capacity of national women's institutions in some developing countries.

4. Family structures

31. A dominant theme throughout the national reports is the erosion of the traditional family unit. Fewer couples are deciding to get married and an increasing proportion of marriages are ending in divorce. The rising number of female-headed households was mentioned in a large number of national reports from all parts of the world. These trends are the cause of much concern among countries in terms of social stability and solidarity.

32. Changes to traditional family structures in the developing world have led many countries to express concern over the number of elderly people who find themselves without kin to look after them. Whereas under many traditional systems of responsibility the offspring take care of their elderly parents, the modern age is witnessing a gradual erosion of such practices.

5. Population movements

33. International migration, urbanization and other forms of internal migration are important elements of population dynamics mentioned in almost all the national reports. The scope and magnitude of these phenomena have changed considerably over the past two decades. Owing to a variety of reasons, more people than ever before are on the move in search of better living conditions, and an increasing number are crossing borders.

34. The pace of urbanization has increased significantly in most regions of the world, leading to a higher percentage of the total world population residing in urban areas at present than at any other period in history. Furthermore, other forms of internal population movements, such as rural-to-rural and urban-to-urban migration, are also increasing in some parts of the world.

35. A characteristic of nearly all developing countries is the massive migration to one or two major cities. In some countries, migration to capital cities is responsible for up to 80 per cent of all internal population movements. And some capital cities are home to as much as 50 to 60 per cent of certain countries' entire population. Most Governments view this phenomenon as negative because of the resulting imbalance in population distribution, and the subsequent impact on development.

36. Five major causes of rising urbanization and other forms of internal migration are stated in the national reports, all of which relate to the search for better living conditions: rural unemployment and underemployment; poor social services in rural areas; lack of arable land; natural disasters, particularly droughts; and civil unrest.

37. International migration is also changing both in scope and in terms of the profile of migrants. Whereas formerly most international migrants were relatively skilled and left their countries of origin on a permanent basis, the present trend is towards unskilled and temporary migration. The most commonly cited problems associated with international migration were "brain drain" and social unrest.

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B. Main challenges for the future

38. The national reports highlight the major socio-demographic challenges for the future. The most commonly cited challenges are described below (without differentiation between countries and regions at different stages of demographic transition).

1. Developing countries

(a) Population growth and well-being

39. The main challenges to countries with high population growth rates and slow paces of socio-economic development centre around finding a viable equilibrium between the two, taking into account the country's natural carrying capacity. Almost inevitably this entails a reduction in high fertility rates, parallel to development and poverty alleviation initiatives. With regard to the former, the challenge thus translates into how to expand and improve family planning services and the dissemination of information. At the programme level this entails ensuring the availability and affordability of a range of contraceptives; training of staff; greater integration between family planning programmes and maternal and child care programmes, as well as other primary health-care services; more participation among community groups; and better coordination between development partners.

40. The reduction of teenage pregnancies also presents a major challenge which many countries are trying to address through family life education, raising the age of marriage for girls, keeping girls in school for longer periods, and making it easier for women to work if they so choose.

41. Both of the above-mentioned challenges often necessitate overcoming certain cultural and traditional norms and practices. In some national reports, cultural norms were cited as the single greatest challenge to achieving the country's population-related objectives. Efforts to improve the status and condition of women and bring them into the mainstream of development are particularly hindered by certain traditions.

42. In addition to women, two other special target groups facing particular difficulties are youth and the elderly. The main issues regarding the rising numbers of youth in developing countries are (a) how to meet their needs and aspirations in the areas of schooling and health services, employment and housing; and (b) how to deal with the rising incidence of delinquency and substance abuse, mainly in urban centres. The principal problems with regard to the elderly lie in how to maintain their living standards and service their health needs in countries where the tradition of family responsibility in this regard is weakening.

(b) Population movements

43. Rapid urbanization and other forms of internal migration raise the difficult problem of how to raise living standards in rural areas. Some of the strategies being attempted include improving and expanding rural development

initiatives; providing incentives for companies to invest in rural areas; increasing the availability of social services in rural areas; and eliminating pricing mechanisms and other forms of disincentives that undermine the rural economy.

44. From the perspective of large urban agglomerates, the challenges lie in how to deflect some of the migratory flows to secondary or satellite cities and how to build and maintain minimum levels of urban infrastructure and services. The strategies to achieve these objectives include decentralizing government administrative services to smaller cities, tax schemes, and cost-recovery mechanisms for the maintenance of basic urban infrastructure and services.

45. The high percentage of unemployed youths in many cities of the developing world presents a very critical set of challenges. Apart from the necessary macroeconomic policy measures, other interventions are urgently required such as job-insertion programmes, training in conjunction with the demands of the job market, and credit schemes for self-employment.

46. The challenges in the area of international migration are less evident. Some developing countries depend substantially on remittances from their migrant workers. Their objective is to at least maintain the status quo. Other developing countries are concerned about brain drain and with devising mechanisms to keep their skilled workers at home. Achieving better administrative control over migration and obtaining international accords on the treatment of migrant workers abroad are also areas that need addressing.

2. Industrialized countries

(a) OECD member countries

47. One of the main tasks facing the industrialized countries is the restructuring of the social protection systems in line with current demographic and economic trends. This includes, principally, social security, family policy and health systems. With regard to social security and health systems, the main difficulties lie in introducing more economic viability through the restructuring of responsibility between the Government, the private sector and households and individuals, and the transition from pay-as-you-go 2/ to fully funded systems. 3/

48. With regard to family policy, the main challenge lies in finding new ways to make it easier for women to combine professional and family roles. This entails, among other things, greater involvement on the part of fathers in family life and labour market regulations that recognize and encourage paternal responsibility.

49. In terms of international migration the challenges are how to address the causes of this phenomenon; how better to integrate legal migrants; and how to improve administrative control over illegal migration. The adaptation of migration policies and mechanisms to new circumstances and the changing profile of migrants is also high on the agenda. With regard to refugees, programmes aimed at assisting them within their region of origin require expansion, as do

initiatives aimed at voluntary repatriation of refugees once circumstances permit.

50. Finally, the issues of high consumption patterns and wasteful production processes were raised in several of the national reports from industrialized countries as being areas of critical importance that must be addressed.

(b) Eastern Europe and the Commonwealth of Independent States

51. Although the countries of Eastern Europe and the Commonwealth of Independent States share many of the same challenges as those of OECD, their situation is currently particularly difficult. The complete restructuring of their social and economic systems has led to sharp declines in living standards. The hardships associated with the reforms are reflected in rising mortality rates and declining life expectancy.

52. Until the new social and economic systems are well established, temporary social safety nets are required to shield the populations from the worst effects of the transition. Although such safety nets already exist in one form or another in most of these countries, they often respond to only a small portion of the needs and therefore require expansion.

53. The main challenges with regard to health are how to build up the health systems, particularly preventive health care and family planning services. In the interim, the rapid acquisition and distribution of contraceptive supplies is a high priority. Environmental health was also raised as an important issue in many of these countries.

54. The current migratory flows in these countries also raise some special challenges. New institutional structures and administrative systems need to be established to manage and control the new flows of international migration.

C. General conclusions and recommendations

55. A large number of general conclusions and recommendations emerge from the national reports, both explicitly and implicitly. One of the main conclusions is that a great deal remains to be done in order to meet the challenges outlined above successfully. This will require concerted efforts by Governments, non-governmental organizations, the private sector, community groups, households and individuals, and the donor community. It implies a reassessment of priorities and a reallocation of resources in line with priorities.

56. Other conclusions and recommendations from the national reports relate to political commitment; linkages between population, development and the environment; planning; programme efficiency; implementation strategies; research; and international cooperation.

1. Political commitment

57. One of the most obvious conclusions drawn from the national reports is that the success of population-related initiatives depends to a large extent on strong political commitment. The reports indicate that such commitment has expanded remarkably over the past 20 years, and that the perception of commitment has evolved to include follow-up. Nevertheless, most of the reports stressed the need for even greater political commitment to population concerns, particularly in terms of raising social sector public expenditures.

2. Linkages between population, development and the environment

58. The national reports provide extensive observations and experiences on the interrelationships between population, development and the environment. Collectively they confirm that population policies and programmes can contribute significantly to socio-economic development and environmental preservation. They also confirm that a range of complementary sustainable development initiatives can greatly enhance the implementation of population programmes. The growing understanding of these linkages is gradually being translated into policies, plans and programmes, often with remarkable results.

59. The integration of population and sustainable development at the planning level raises a number of special challenges. Some of these stem from problems associated with the planning apparatus itself (lack of articulation between different levels of the planning system and lack of focus within the national development plan), while some originate from other issues such as the difficulty of integrating a cross-sectoral topic into a sectorally based planning system, lack of data, lack of satisfactory methodologies and lack of trained staff.

3. Programme efficiency

60. The national reports from both the industrialized and the developing countries recognized the need to introduce greater efficiency into their population-related programmes. A number of causes of inefficiency were mentioned, such as poor or unrealistic programme design, lack of trained staff and changing circumstances and priorities that should have been incorporated into programmes but were not.

61. The need to improve programme management was cited in a large number of national reports in conjunction with efficiency. Factors such as more accountability, more efficient use of resources, better conditions for staff, etc., were mentioned in this respect.

62. Many national reports from developing countries also indicated the need to improve their programme monitoring and evaluation mechanisms as a necessary step towards achieving greater efficiency. The main problems associated with current monitoring and evaluation systems were (a) ad hoc monitoring systems that are introduced well after the programme design stage, thus losing the opportunity of tailoring the monitoring system to specific programme needs; (b) gaps in terms

of data collection; (c) insufficient exploitation of monitoring data once it is collected; and (d) presentation of monitoring and evaluation results in forms difficult for policy makers and programme managers to use.

63. Greater participation of beneficiaries at the programme design stage was also mentioned as a means of improving programme efficiency from the outset.

4. Implementation strategies

64. Another main conclusion from the reports is that many countries lack a clear implementation strategy for their population programmes. This is evident from the number of countries that formulated population policies and programmes but were subsequently unable to implement them fully because of lack of clarity with regard to conceptual, operational, logistical and other issues. This experience convinced many countries of the need to formulate specific implementation strategies to complement their population policies.

5. Areas requiring further research or attention

65. The national reports highlight several areas requiring more attention, ranging from further research into specific topics to greater clarity on policy issues. The most frequently cited areas are:

(a) The interrelationships between population dynamics, development and the environment;

(b) The linkages between population dynamics and poverty;

(c) Methodologies for the integration of population concerns into national development planning;

(d) Harmonization of macro-level objectives with micro-level interests and concerns within the context of population programmes;

(e) Development of new contraceptives, with special attention to methods for men and methods that prevent the transmission of sexually transmitted diseases, including the human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS);

(f) Poverty among women;

(g) The causes of, and solutions for, international migration.

6. International exchange of lessons and experience

66. A large number of national reports expressed the need for cross-country exchange of information and experiences. The most frequently mentioned issues in this respect correspond with the same areas requiring more research or attention. Of particular importance was the need to learn about how different

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countries approach the integration of population, development and environmental concerns, and the methodologies used for the integration of population-related issues into the planning system.

67. The national reports themselves provide a good beginning for such an exchange of information. For example, they describe a wide breadth of experience, both in terms of strategies to integrate population and development at the conceptual level as well as in terms of trying to implement population concerns into the planning process.

7. Improving international cooperation

68. Several national reports, both from developing and from industrialized countries, provided recommendations for the improvement of international cooperation in the area of population-related initiatives. Their amalgamated suggestions include the following:

(a) Donor and recipient countries should adopt an integrated approach to population issues that includes the following components: social development; poverty alleviation; primary health care; women's issues; education; adolescent issues; men's involvement; information dissemination; and protection of the environment;

(b) The United Nations and the industrialized countries should be requested to accord no less importance to population activities than to agriculture and other critical areas of development focus because without effective population programmes, gains in the economic and social sectors will probably be undermined by rapid population growth;

(c) Externally funded development projects in relevant areas should have population and gender-related components, with sub-allocations for those components;

(d) Multiple service-delivery channels should be further developed, including non-governmental organizations, the private sector and community-level groups;

(e) Broad-based participation should be emphasized in population-related initiatives;

(f) Client-oriented approaches to reproductive health (tailored to different groups and needs) should be further developed;

(g) The autonomy and self-reliance of recipient countries should be respected at all times;

(h) More policy dialogue should be undertaken between recipient and donor countries;

(i) Better coordination among development partners is required in order to maximize the benefits of development cooperation;

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(j) Donors should be culturally sensitive in the way they deliver their population-related assistance;

(k) National staff should be more involved in the formulation of programmes and projects assisted by donors;

(l) Administrative processing time for programme expenditures should be accelerated among donor agencies;

(m) Programme officers should have more experience in their fields of responsibility.

III. POLITICAL COMMITMENT TO POPULATION CONCERNS

A. Introduction

69. Political commitment is cited in the national reports as one of the most important ingredients for successful population-related interventions. Such commitment has expanded and evolved rapidly over the past 20 years. A large number of Governments have moved from laissez-faire positions to positions which directly influence population dynamics. In the developing countries, many traditionally pronatalist Governments have now adopted policies to reduce the population growth rate. Just as political commitment has expanded among countries, so has the concept of political commitment evolved to include the assessment of results behind the high-level policy statements.

70. The national reports provide a considerable amount of information on political commitment to population-related concerns. Although they also provide some information on the activities of non-governmental organizations and private sector groups, it is not sufficient to make a meaningful analysis of their contribution. This does not imply that non-governmental and private-sector participation is not fully acknowledged in the national reports. In fact, the activities of non-governmental organizations are cited and praised repeatedly. But the information provided is not sufficient to assess trends in non-governmental and private-sector commitment.

71. For this reason, the present chapter focuses on political commitment to population-related concerns. An attempt is made to probe the depth of this commitment and its impact through the following seven indicators: population policies and programmes; the legal framework; the institutional framework; public expenditures; socio-economic indicators; the facilitation of the contribution of non-governmental organizations; and the identification of areas requiring improvement in the arena of international cooperation.

B. Population policies and programmes

72. The developing and the industrialized countries have different approaches to population policy. Many developing countries have adopted explicit and comprehensive population policies as an integral part of their development plans. The industrialized countries, on the other hand, do not explicitly

articulate population policies per se. Rather, they have separate groups of policies, programmes and legislation, forming the constituent elements of implicit population policies.

1. Developing countries

(a) Comprehensive national population policy

73. A little over half of the developing countries (51 per cent) have currently established comprehensive national population policies, covering a wide range of topics and issues. The Asia and the Pacific region showed the highest percentage of countries with such policies (62 per cent), followed by Africa (58 per cent), Latin America and the Caribbean (43 per cent) and Oceania (22 per cent).

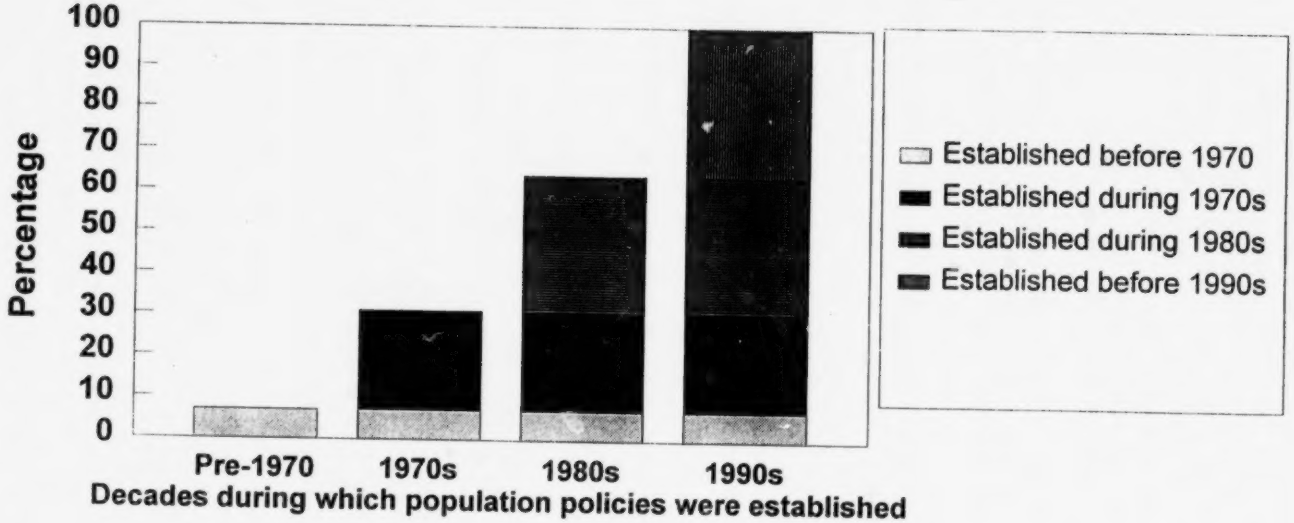
74. The content of these comprehensive population policies invariably includes the following central components: maternal/child health and family planning (MCH/FP); public health; women; and information, education and communication. However, the policies differ at the periphery, sometimes including one or more of the following: migration; urbanization; employment; the environment; social protection; housing; rural development; poverty alleviation; education; youth; and the elderly. These differences stem from varying circumstances and concerns among countries, as well as from different perceptions as to what falls under the heading of population, as opposed to social services, etc.

75. A large number of countries with comprehensive national population policies indicated that they had been established relatively recently (see figure I). Of those countries that indicated when their policy came into existence, 36 per cent reported that they were first established in the 1990s (mostly in Africa); 33 per cent during the 1980s (mostly in Latin America and the Caribbean); 24 per cent in the 1970s (mostly in South and South-East Asia), and 7 per cent in the 1960s. Of the countries that did not report having a comprehensive national population policy, 91 per cent said that they intended to formulate one in the near future. This would seem to reflect rising commitment to population-related concerns among Governments.

76. It should be noted that several developing countries indicated that, although they did not have a comprehensive population policy, they did have a number of separate population-related policies. Although most developing countries that did not have a comprehensive population policy perceived this as a constraint, saying that the result was a series of fragmented policies lacking direction and cohesion, in a few cases it was stated that these policies were well coordinated and had produced successful results. In these cases, population issues and concerns had usually been integrated into a broader policy framework, i.e., social policy, poverty alleviation, or human resource development. This applied to several countries in Central and South America, as well as to a number of communist and former communist countries in the developing world.

Figure I. Period of time during which national population policies were established in developing countries

(Percentage of national reports that specified when their national population policy was established)



(b) Population programmes

77. A large array of programmes were included under the overall topic of population in the national reports from developing countries (see table 1). This reflects the different concerns and situations across countries and the vastness of the topic, as well as different perceptions among Governments as to the parameters of "population" programmes. In a number of reports, certain development programmes were considered to have such a direct impact on the well-being of the population and on the implementation of population programmes, that they had been included as an integral part of the discussion on the latter.

78. The national reports from developing countries distinguished between programmes of a thematic nature and those targeting special groups, with the understanding that some overlap between the two was inevitable. Both groups of programmes are described below.

79. National MCH/FP programmes were described in almost all the national reports from developing countries. Of the African, Asian and Oceanic countries, all reported having a national MCH/FP programme. In Latin America and the Caribbean, 90 per cent of the countries reported having a national MCH/FP programme, including several countries where such programmes have been implemented exclusively by provincial administrations, non-governmental organizations and/or other private-sector groups. A large percentage of countries also reported having information, education and communication (IEC) programmes, the region with the highest percentage being Africa (87 per cent). Many countries indicated that their MCH/FP and IEC programmes had been, or were being, better integrated into the overall primary health care system.

80. Spatial redistribution/development programmes were mentioned in 65 per cent of the reports from Asia and in 48 per cent of the reports from Africa. These programmes consisted mainly of integrated rural development initiatives and the development of satellite cities aimed at curbing high rates of rural-to-urban migration.

81. Approximately half the countries in Africa, Asia and the Pacific, and Latin America and the Caribbean also reported having programmes to combat HIV/AIDS and other sexually transmitted diseases. Quite a few reports mentioned that that programme was being, or would be, integrated into the MCH/FP programme.

82. Of the programmes targeting special groups, the most prominent were the women's programmes. The Asia and Pacific region reported the largest percentage of these programmes (91 per cent), with the other regions following close behind at about the 80 per cent mark. The other two main target groups were youth and the elderly. These groups are considered of rising concern to many developing countries since their numbers, and the specific problems associated with them, are expected to increase in the foreseeable future. Youth programmes were most pronounced in Oceania and Africa (64 and 43 per cent respectively), focusing mainly on training and job-insertion initiatives. Programmes targeting the elderly were few, but on the rise. The Asia and the Pacific region indicated the largest percentage of countries with this type of programme (35 per cent).

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Table 1. Percentage of developing countries that detailed composition of their population policy/programme areas in their national reports*

Programmes	Africa *(N=46)*	Asia *(N=23)*	Oceania *(N=11)*	LAC *(N=29)*	Total *(N=109)*
1. Programme areas:**					
MCH/FP	100	100	100	90	97
IEC	87	69	82	69	78
AIDS/STD	61	52	18	45	50
Employment	15	26		28	19
Spatial redistribution/development	48	65	27	14	40
Social security	4	22	18	7	10
International migration	9	26	27	14	16
Repatriates/refugees	7	13	18	10	10
Macroeconomic stabilization and structural adjustment programmes	46	17		21	28
Poverty alleviation	7	30		14	13
2. Special target groups:**					
Women	83	91	82	83	84
Youth and adolescents	43	17	64	34	38
Elderly	11	35	18	14	17

Note: MCH/FP = Maternal/child health and family planning; IEC = Information, education and communication; STD = Sexually transmitted diseases.

* This table includes population programmes as well as some development programmes that were frequently mentioned in conjunction with the former.

** Possible overlap between programmes and special target groups (e.g., social security and the elderly) as well as between certain programmes (e.g., MCH/FP and IEC).

83. The wide array of programmes illustrated in table 1 indicates considerable concern on the part of developing country Governments with regard to population-related issues. Furthermore, the adaptation of certain programmes to new priorities could be interpreted as the Government's commitment to the changing needs of the population.

2. Industrialized countries

84. As mentioned above, the industrialized countries implement their implicit population policies through closely integrated thematic clusters of policies,

programmes, legislation, regulations and incentives (e.g., tax deductions, etc.). Given the high level of integration between the various elements of each cluster, a meaningful analysis of the policy and programme elements calls for cross-references to other components.

85. As illustrated in table 2, the most prominent cluster for the OECD member countries is national health, including MCH/FP (100 per cent of these countries described their health programme in their national report). This was followed by three other main clusters: migration/refugees; social security for the elderly; and family policies. Although these same policy/programme areas predominated in the reports of the countries of Eastern Europe and the Commonwealth of Independent States, a fifth cluster was highlighted as well; macroeconomic stabilization and structural adjustment. As with certain developing countries, these macroeconomic programmes were perceived to have such a significant impact on the well-being of the population, and the implementation of population policies and programmes, that they were included as an integral part of the discussion of the latter.

86. Health programmes in industrialized countries generally consist of a combination of private and public health services and insurance schemes; sexually transmitted diseases and HIV/AIDS awareness creation and prevention; promotion of healthy lifestyles; child health surveillance; nutrition; drug abuse rehabilitation; and sex education and counselling. The MCH/FP services are almost always integrated within the overall health system, and include a wide range of services, including home-delivery services.

87. The social security policy cluster consists primarily of old age and disability pensions, while programmes to implement family policy consist mainly of maternity and paternity leave, day-care services, child support, family or child allowances, incentives for child-bearing, and sometimes even housing assistance. Many countries are currently moving towards more income and less expenditure assistance in their social security and family programmes for reasons of economic and administrative efficiency.

88. The international migration and refugee programme cluster includes integration assistance (mainly language classes, training/retraining and translation services), resettlement assistance, relief services and emergency assistance. The programmes are supplemented by a vast body of legislation and regulations aimed at controlling these phenomena. The industrialized countries are divided on their approach to international migration, some being rather open and others more restrictive.

89. The main trend that emerges from the population programmes of the industrialized countries is the fundamental reassessment of the foundations of the systems and programmes in place in line with new priorities and circumstances. This trend would appear to indicate a degree of flexibility which could be interpreted as a form of political commitment among the industrialized countries.

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Table 2. Percentage of industrialized countries that detailed the composition of their population policy/programme areas in their reports

Policy/programme areas	**OECD countries (*N=22*)**	**Eastern Europe and CIS (*N=7*)**
Health, MCH/FP	100	86
Family	64	57
Social security	82	86
Women	45	43
Indigenous people	18	
Migration/refugees	91	86
Regional/urban development	27	
Environment	23	14
Macroeconomic stabilization and structural adjustment		86

Note: These policy/programme areas indicate the constituent elements of implicit population policies in the industrialized countries. For example, 82 per cent of the OECD member countries considered social security as part of their set of population policies. Although the remaining 18 per cent of the countries certainly have social security policies, they are not classified as part of their population policies. This table also includes some development programmes that were mentioned frequently in conjunction with population policies.

C. Legal framework

90. Although the legal framework for population concerns varies between countries and regions, most countries tend to include the following thematic areas: marriage and divorce; inheritance; fertility, including abortion; migration; social protection, including child support; and employment. While the legal framework is an important vehicle for implementing population policy in developing countries, it is central to the industrialized countries. A vast array of legislation and regulations has been passed in the industrialized countries to deal with practically all aspects of population-related issues. This is clear in table 3, which shows the percentage of countries per region that have legislation, regulations and incentives for various aspects of population-related issues.

91. Table 3 also shows that the developing and the industrialized countries share the same priority areas within their legal frameworks (i.e., promotion of the status of women, marriage, abortion and employment are high priority areas for both groups of countries). The main areas of difference are (a) international migration, where the OECD member countries have a high percentage of legislation and regulations, while the developing countries and the countries with economies in transition do not; and (b) the area dealing with the number of children permitted or encouraged per couple, where the developing countries have a significant amount of legislation, while the industrialized countries do not.

Table 3. Population-related legislation, regulations and incentives

(Percentage, based on the number of countries that completed complementary information form No. 2)

Legislation, regulations & incentives	**Africa** *(N=25)*	**Asia** *(N=13)*	**LAC** *(N=12)*	**Total developing countries** *(N=50)*	**OECD** *(N=10)*	**Eastern Europe & CIS** *(N=4)*	**Total industrialized countries** *(N=14)*	**Total all countries** *(N=64)*
Marriage & fertility								
Minimum age of marriage	88	85	92	88	100	100	100	91
Number of children permitted/encouraged	40	69	50	50	30	25	29	45
Polygamy/monogamy	80	85	83	82	100	100	100	86
Financial incentives to couples to have more/fewer children	44	69	25	46	70	100	79	53
Information dissemination on FP services & contraceptives	84	62	67	74	90	75	86	77
FP counselling	76	62	58	68	100	100	100	75
Abortion								
Abortion	92	92	92	92	100	100	100	94
Status and condition of women								
Number of years of mandatory schooling for girls and boys	60	77	92	72	100	100	100	78
Land/property ownership rights for women	88	92	83	88	100	100	100	91
Inheritance rights for women	80	92	75	82	100	50	86	83
Women's participation in the labour force	80	92	92	86	100	100	100	89
Voting rights for women	92	85	100	92	100	75	93	92
Maternity leave from work	84	100	92	90	100	75	93	91
International migration and refugees								
Emigration	40	31	42	38	80	50	71	45
Immigration	40	54	58	48	100	50	86	56
Remittances from nationals living abroad	28	38	17	28	20	25	21	27
Refugees	44	23	42	38	90	75	86	48
Urbanization								
Fiscal policies favouring/discouraging urban in-migration	52	31	8	36	20		14	31
Urban/rural terms of trade	28	46	8	28		50	14	25
Farm-gate price controls	28	31	25	28	20	50	29	28

Legislation, regulations & incentives	Africa *(N=25)*	Asia *(N=13)*	LAC *(N=12)*	Total developing countries *(N=50)*	OECD *(N=10)*	Eastern Europe & CIS *(N=4)*	Total industrialized countries *(N=14)*	Total all countries *(N=54)*
Public investment regulations favouring urban/rural development	48	38	33	42	10	50	21	38
Public salary differential between urban and rural areas	40	15	33	32	10	50	21	30
Other internal migration								
Voluntary internal resettlement	52	54	25	46	10	75	29	42
Relocation	28	23	25	26	10	25	14	23
Employment								
Minimum working age	88	69	100	86	80	100	86	86
Retirement age for men and women	80	77	83	80	100	100	100	84
Early retirement	64	54	67	62	90	100	93	69

Note: This table does not indicate the content of the legislation, regulations and incentives, only whether or not they exist.

1. Developing countries

92. Much of the legislation of the developing countries in table 3 dates from the 1980s and 1990s. For example, of the developing countries that indicated the date that their marriage and fertility legislation was passed, 42 per cent had been passed in the 1980s and 1990s. This appears to complement other evidence of growing commitment among developing countries to population issues and concerns during the past 20 years.

93. However, it should be noted that many of the national reports from developing countries also indicated that, despite the recent promulgation of progressive legislation in certain areas, compliance and enforcement were weak. The most frequently cited area of legislation that has consistently not been adhered to was that concerning women's rights to equal participation in the labour force, with equal pay for equal work. The reasons given for this were (a) customary laws run counter to modern legislation, thereby undermining it; (b) women are often unaware of their legal rights or afraid of demanding them; and (c) law enforcement mechanisms are ineffective.

2. Industrialized countries

94. The legislation of the industrialized countries in table 3 dates mainly from before the 1970s, although a significant number of revisions were made in the 1980s and 1990s. This reflects the fact that these areas of population concern were addressed much earlier in the industrialized countries than in the developing countries, and that the legal systems themselves were developed earlier.

D. Institutional framework

95. This section examines the institutional framework for the population mandate in developing countries. It was not possible to include the industrialized countries in this analysis because their national reports did not contain sufficient information on the topic.

96. A relatively high institutional profile was accorded to the population mandate in developing countries. The majority of countries reported having a central governmental institution responsible for national population policy and/or coordination (97 per cent). Of those institutions, 76 per cent dealt exclusively with population issues, through either a national population council or a ministry (see table 4). This would seem to indicate a relatively high degree of political commitment to population concerns.

97. In the remaining countries, the main institution(s) responsible for the population mandate are ministries of social welfare; human resource development; health and/or education; planning, finance and/or development; and social and human resource development.

Table 4. Institutions responsible for the population mandate in developing countries

(Percentage, based on the number of developing countries that specified this information in their national reports)

Central institution responsible for population policy	**Africa** *(N=39)*	**Asia** *(N=18)*	**Oceania** *(N=6)*	**LAC** *(N=19)*	**Total** *(N=84)*
Inter-ministerial Committee	69	61	83	79	71
Population Ministry	5	11			5
Ministry of Social Development/ Welfare/Human Resources Development/Health/Education	13	22	17	5	13
Ministry of Planning/Finance/ Development	10	6	-	11	9
Other	3	-	-	5	2

98. Another indication of political commitment is the degree to which population concerns and variables are integrated into the national planning apparatus, both at the central and local levels. Although this topic is covered in chapter IX, from an institutional perspective it is interesting to note here that 73 per cent of the reports that addressed the issue said they had a population unit within the ministry of the economy, planning and/or finance. Most of these units had been established relatively recently, or were new configurations of old units which gave greater visibility to population concerns. This is probably a reflection of increasing political commitment to population-related concerns.

E. Demographic indicators

1. Developing countries

99. Mortality and fertility rates in the developing countries have declined considerably over the past 20 years. Table 5 shows the trends in reducing the following demographic indicators between the 1970s and the 1990s: infant mortality rate (IMR), child (under-five) mortality rate (CMR), maternal mortality rate (MMR), crude death rate (CDR), and TFR. Of the developing countries that provided enough data to gauge progress since the 1970s, nearly all showed positive trends and a few achieved outstanding results (i.e., mortality and/or fertility reductions by one half or more). For example, 96 per cent reported declines in infant and child mortality rates, of which 46 and 48 per cent respectively were reductions of more than one half. Equally impressive progress was made in reducing maternal mortality rates; 100 per cent of the countries that provided data on this indicator showed a decline between the 1970s and 1990s, of which 38 per cent were reductions by one half or more. One hundred per cent of the countries also reported an increase in life expectancy at birth.

Table 5. Declines in mortality and fertility rates in developing countries, 1970s-1990s

Indicator	Countries that reported declines		Countries that reported outstanding declines*		Total number of countries that provided data on these trends
	Number of cases	Percentage of total	Number of cases	Percentage of total	
IMR	69	96	33	46	72
CMR	26	96	13	48	27
MMR	16	100	6	38	16
CDR	53	93	7	12	57
TFR	61	84	10	14	73

* Reduction of more than one half between the 1970s and the 1990s.

100. Although it is not possible to credit political commitment exclusively with these positive trends, it is nevertheless interesting to note that of the countries that experienced outstanding results in one or more of the above-mentioned indicators, and which also provided information on when their family planning programmes began, most had had population programmes for more than 10 years.

101. Political commitment was certainly responsible for some of the progress made by low-income and lower middle-income 4/ countries in these areas. Of the countries that made outstanding progress in one or more of the above indicators, 40 per cent had per capita incomes of under US$ 500 in the 1970s and less than US$ 1,000 in the 1990s. Table 6 provides a list of the 40 countries that made outstanding progress. The low-income and lower middle-income countries are marked with an asterisk.

102. Despite the progress made to date in reducing mortality and fertility rates in relative terms, current rates still remain high in absolute terms. For example, although all developing countries reported having decreased their maternal mortality rate since the 1970s, 61 per cent still had rates over 200 per 100,000 live births in the 1990s. Those countries perceive these high rates as unacceptable and are attempting to improve their programmes to reduce the incidence of maternal mortality.

103. Furthermore, from a socio-demographic perspective the 1970s and the 1980s were two very different decades for many developing countries. While the demographic indicators show progress over the 20-year period, the 1970s were generally characterized by greater advances than the 1980s, during which many developing countries suffered from economic recession and rising poverty.

Table 6. Outstanding achievements by developing countries in reducing key mortality and fertility indicators

Region	Country	IMR	CMR	MMR	CDR	TFR
Africa	Botswana	✓	✓			
	Cameroon*	✓				
	Côte d'Ivoire*	✓				
	Egypt	✓	✓		✓	
	Ghana*	✓		✓		
	Mauritius*	✓	✓	✓		
	Morocco*	✓	✓		✓	
	Seychelles	✓				✓
Asia	Bangladesh*				✓	
	China*					✓
	Indonesia*	✓			✓	
	Jordan*	✓	✓		✓	
	Kuwait	✓			✓	
	Malaysia*	✓	✓	✓		
	Maldives	✓				
	Rep. of Korea	✓				✓
	Sri Lanka*	✓	✓			
	Thailand*					✓
LAC	Argentina	✓				
	Barbados	✓	✓			
	Belize	✓				
	Bolivia*	✓				
	Brazil	✓				✓
	Chile*	✓				
	Colombia*	✓				
	Cuba*	✓	✓	✓		✓
	Dominican Rep.*		✓			
	Ecuador*	✓			✓	
	El Salvador*	✓				
	Honduras*	✓				
	Mexico	✓	✓	✓		✓
	Nicaragua*	✓				
	Panama*	✓				✓
	Peru*			✓		
	St. Lucia*	✓	✓			✓
	Uruguay	✓	✓			
	Venezuela	✓				
Oceania	Cook Islands*	✓				
	Fiji*					✓
	Tonga*	✓			✓	

Note: Outstanding defined as reduction by one half or more between the 1970s and 1990s.

* Low-income or lower middle-income countries (as per World Development Report, 1993).

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2. Industrialized countries

104. The industrialized countries also indicated remarkable progress in reducing mortality indicators over the past 20 years (see table 7). All the industrialized countries reported declines in infant, child and maternal mortality. Of these countries, 66 per cent reduced one or more of the above-mentioned demographic indicators by more than one half. Strong political commitment certainly accounted for some of this success.

Table 7. Decline in mortality and fertility rates in industrialized countries, 1970s-1990s

Indicator	Countries that reported declines		Countries that reported outstanding declines*		Total number of countries that provided data on these trends
	Number of cases	Percentage of total	Number of cases	Percentage of total	
IMR	22	100	17	77	22
CMR	17	100	11	65	17
MMR	15	100	12	80	15
CDR	12	55	-	-	22
TFR	24	92	-	-	26

* Reduction of more than one half between the 1970s and the 1990s.

105. Progress made in reducing the CDR in the industrialized countries was less encouraging. Although the OECD member countries registered consistent declines in the CDR since the 1970s, Eastern Europe and the Commonwealth of Independent States have recently met with difficulties. Despite considerable progress by the latter countries in decreasing the CDR prior to and during the 1970s, the political, economic and social transitions of the late 1980s and 1990s have imposed such hardships on the people, and upheavals in the social services, that it has recently started to rise, particularly among men in the productive age group.

F. Social-sector public expenditures

106. Another indication of political commitment is the trend in public expenditures on population-related initiatives. Since many countries do not separate their expenditures on population programmes from social-sector expenditures, this section is confined to the latter (i.e., the health and education sectors) since the 1970s. Table 8 indicates these trends for both the developing and the industrialized countries.

Table 8. Trends in social-sector public expenditures as a percentage of gross national product between the 1970s and 1990s

Trend	Developing countries				Industrialized countries			
	Public expenditure on health *(N=27)*		Public expenditure on education *(N=26)*		Public expenditure on health *(N=9)*		Public expenditure on education *(N=10)*	
	Number of cases	Percentage of total	Number of cases	Percentage of total	Number of cases	Percentage of total	Number of cases	Percentage of total
Increase	17	63	17	65	9	100	6	60
Decrease	8	30	8	31			3	30
No change	2	7	1	4			1	10

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1. Developing countries

107. The majority of the developing countries that reported their public expenditures on health between the 1970s and the 1990s indicated a rise in expenditures as a percentage of the gross national product (63 per cent). A fall in health expenditures, by 30 per cent was indicated, while 7 per cent reported little or no change in expenditure levels. Of the countries that achieved outstanding progress in their demographic indicators mentioned in section E above (table 6), all had increased their public expenditures on health (with an average rate of increase of 71 per cent).

108. The same positive trend occurred for public expenditures on education in developing countries. Of the countries that provided sufficient data to ascertain public expenditure trends on education between the 1970s and the 1990s, the majority (65 per cent) increased their expenditures, with the average rate of increase being 60 per cent. Thirty-one per cent decreased their expenditures, and 4 per cent remained at approximately the same ratio of gross national product.

109. As with the progress made among developing countries in reducing mortality and fertility rates, the positive achievements made in increasing public expenditures for the social sectors must be qualified. Despite the fact that the majority of these countries increased their public expenditures for the social sectors during the past 20 years, the overall expenditure levels for those sectors is still low (averaging about 2 to 3 per cent of the gross national product for health and 4 to 5 per cent for education). Furthermore, almost one third of the developing countries either decreased their public expenditures in these fields or remained at the same level. Although some of these countries were experiencing crises, either in the form of prolonged periods of socio-economic stagnation or decline, natural catastrophes and/or civil war, this was not always the case.

2. Industrialized countries

110. Of the industrialized countries that provided information on their public expenditures on health and education since the 1970s, all indicated a rise in health expenditures and 60 per cent a rise in education expenditures. The average rate of increase was 49 per cent for health and 29 per cent for education.

111. Although the information in the national reports on donor assistance does not permit a comparison in funding levels between the 1970s and the 1990s, a positive trend has very recently begun to appear. Several of the industrialized countries indicated in their national reports that they would increase their assistance to population-related programmes in the developing countries. Those countries are Australia, Belgium, Germany, Ireland, Italy, Japan, Sweden and the United States of America. In some cases this increase represents double the funding levels of previous years. This clearly reflects a rising degree of commitment to population concerns on the part of the industrialized countries.

G. Facilitating the contribution of non-governmental groups

112. Another indication of political commitment is Governments' recognition and facilitation of the work of non-governmental groups active in the field of population. Such groups include non-governmental organizations, the private sector and other associations, usually at the community level.

113. In terms of recognition, many Governments have praised the work of non-governmental groups for their pioneering efforts, particularly in the field of reproductive health. They also praise the grass-roots, participatory approaches taken by many non-governmental organizations, and have frequently paid them the ultimate compliment of trying to emulate aspects of these approaches. This recognition has rendered the work of non-governmental organizations more visible, sometimes adding credibility to their already fine achievements, which speak for themselves.

114. A clear indication of Governments' recognition of and appreciation for the work of non-governmental organizations in the field of population is the large number of countries that have included those organizations in their national preparatory committee for the Conference and in the formulation of their national reports. The Government of the United States actually contracted the formulation of its national report to a non-governmental organization. Many countries have also included membership of non-governmental organizations in their national population councils.

115. Governments have also facilitated the work of non-governmental organizations by rendering the administrative environment more conducive to partnership arrangements. This has been done in a number of ways, including establishing clearer divisions of responsibilities between the Government and non-governmental sectors; establishing procedures and regulations that make it easier for non-governmental organizations to implement their work; and making it easier for new non-governmental organizations to establish themselves. Finally, in recognition of the effective and efficient work of non-governmental organizations, many Governments have started, or have increased, public funding for their activities.

116. These comments apply equally to the developing and the industrialized countries. Some examples of Government/non-governmental organization partnerships are described below. In the Gambia, the Government's new population policy includes an implementation programme, called the local initiative fund, for the funding of local population-related activities, including non-governmental organization initiatives. In Bangladesh, more than 1,000 non-governmental organizations participate in family planning initiatives in coordination with government services, including such activities as community-based distribution, training, community mobilization, research and social marketing (about 37 per cent of contraceptive supply and distribution in Bangladesh is carried out by non-governmental organizations). In recognition of the important contribution of non-governmental organizations, the Bangladesh Government's family planning performance report incorporates data from both governmental and non-governmental organization services.

117. Non-governmental organizations have also been instrumental in implementing some of the population policy/programme clusters of the industrialized countries. For example, in the United Kingdom of Great Britain and Northern Ireland, non-governmental organizations undertake research and provide information, education and training for the public, as well as for health and social welfare professionals. Some of their services include telephone help-lines, self-help groups, individual consultations, and even specialized clinical care. Although these activities are largely funded by voluntary donations, they are frequently supplemented by government funds.

H. Improving international cooperation

118. The national reports indicate yet another manifestation of political commitment to population and development initiatives through their suggestions for improvement in the arena of international cooperation. These suggestions are scattered throughout the national reports and represent a rather eclectic list. They pertain to better cooperation on a global level, not the country-specific lists of requests for more assistance.

1. Developing countries

119. The recommendations of the developing countries are as follows:

(a) The United Nations and the industrialized countries should be requested to accord no less importance to population activities than to agriculture and other critical areas of development focus because without effective population programmes, gains in the economic and social sectors will probably be undermined by rapid population growth;

(b) Externally funded development projects in relevant areas should have population and gender-related components, with sub-allocations for those components;

(c) National staff should be more involved in the formulation of programmes and projects assisted by donors;

(d) More bilateral and multilateral assistance is required to strengthen the capacity of developing countries to train their own personnel; to collect and analyse population and development data for planning purposes and to undertake population-related research themselves; to produce a variety of communication materials; and to research alternative communication techniques;

(e) Programme officers should have more experience in their fields of responsibility;

(f) Administrative processing time for programme expenditures should be accelerated by donor agencies.

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2. OECD member countries

120. The recommendations of the OECD member countries are as follows:

(a) An integrated approach to population issues should be undertaken and should include the following components: social development; poverty alleviation; primary health care; women; education; needs of adolescents; men's involvement; information dissemination; protection of the environment;

(b) Free choice should be at the base of all services;

(c) Multiple service-delivery channels should be developed, including non-governmental organizations, the private sector, community groups, etc.;

(d) Broad-based participation should be emphasized;

(e) Recipient countries should develop client-oriented approaches to reproductive health (tailored to different groups and needs);

(f) The autonomy and self-reliance of recipient countries should be respected at all times;

(g) The use of donor resources requires more efficiency;

(h) Strong political commitment to population issues from recipient countries should precede donor assistance in this field;

(i) More policy dialogue should be undertaken between recipient and donor countries;

(j) The donor countries should strengthen their own capacity to integrate population into their development assistance;

(k) Donors should be culturally sensitive in the way they deliver their assistance.

3. Eastern Europe and the Commonwealth of Independent States

121. The recommendations of the countries of Eastern Europe and the Commonwealth of Independent States are as follows:

(a) Assistance on a temporary basis should be extended to these countries until their new social and economic systems are established; this includes temporary assistance in the area of contraceptive supplies;

(b) Considerable research capacities exist in these countries which could be more exploited in the area of international cooperation.

I. Conclusions

1. Developing countries

122. The preceding paragraphs indicate a distinct rise in political commitment to population issues and concerns among developing countries. This is most evident from the following indicators: (a) the rising number of countries that have recently adopted, or are formulating, comprehensive national population policies; (b) the rising number of population-related programmes and recent attempts to adapt them to new priorities and to improve their efficiency; (c) the fact that the population mandate has risen in the institutional hierarchy; and (d) the recognition and facilitation of the work of non-governmental organizations and community-level groups. The remarkable achievements by certain low-income and lower middle-income countries in decreasing mortality and fertility rates over the past 20 years also reflects a high degree of commitment to population-related concerns on the part of those countries.

123. The developing countries also indicate a change in the nature of political commitment. Whereas formerly it was measured predominantly in terms of high-level policy statements and the establishment of national population commissions or ministries, it is now also perceived in terms of results. This means that countries whose reputation in this area was formerly based on high-level statements must now become more proactive if they wish to maintain their reputation. It also implies a blurring of the distinction between political commitment, as it was formerly perceived, and implementation or operational issues.

124. Despite the expansion and evolution of political commitment in the developing world, a large number of countries reported that even more commitment was required in order to achieve their national population and development objectives. High mortality rates, high levels of unmet demand for family planning services, high and rising numbers of unwanted pregnancies (many of which are teenage pregnancies), high numbers of abortions, etc., all indicate that despite the progress made during the past 20 years, much remains to be accomplished. In addition, a few countries stated that they had reached a plateau in some of their population initiatives and that it was becoming increasingly difficult to make further progress.

125. Numerous constraints to achieving further progress in the field of population were identified by the developing countries. Given its new parameters, political commitment to achieving population objectives will be increasingly assessed on the extent to which these constraints are overcome and the goals achieved. Many Governments have recognized their limits and have begun encouraging non-governmental organizations, the private sector and community groups to increase their participation in population and development programmes. This has helped overcome some of the constraints, however numerous other challenges remain.

126. The main challenges for implementing population-related objectives, on which political commitment will be judged during the coming decades, are outlined in figure II. They have been extracted from the national reports and represent the most commonly cited implementation challenges.

Figure II. Main challenges to achieving population-related objectives in the developing countries

Socio-political

- Change socio-cultural norms;
- Sensitize decision makers to population-related concerns;
- Raise the status of women;
- Increase literacy, especially female literacy;
- Change attitudes of men.

Institutional

- Improve the efficiency and effectiveness of the institutional framework (i.e., integrate overlapping services, streamline etc.);
- Clarify institutional roles and mandates.

Conceptual

- Ensure that the population policy framework is clear;
- Develop a conceptual framework for the integration population, development and environmental concerns at the policy and programme levels;
- Formulate an implementation strategy for population policies.

Processes

- Improve the collection and analysis of data;
- Integrate population issues/variables into the national planning process;
- Improve the articulation between central, regional and local levels of the administration;
- Ensure better coordination between the Government, NGOs, the private sector and donors.

Financial

- Improve costing mechanisms and methodologies;
- Increase national funding for population programmes;
- Increase international funding for population programmes;
- Introduce cost-recovery mechanisms where appropriate.

Monitoring and evaluation

- Ensure that monitoring and evaluation are built into programmes from the design phase;
- Improve the quality and coverage of monitoring and evaluation;
- Provide monitoring and evaluation feedback in forms easily used by policy makers.

Programme operations

- Expand services;
- Improve the quality of services;
- Provide more technical training for personnel;
- Improve management skills of personnel;
- Provide incentives for personnel to remain in their posts and perform well;
- Involve national staff in programme conceptualization and implementation;
- Improve transport and communication logistics;
- Improve the management and distribution of supplies;
- Develop the capacity to produce the required technologies in-country, where feasible;
- Ensure that programme officers are trained in their areas of responsibility;
- Apply solutions that have proven successful in the past;
- Seek new, innovative and cost-effective means of programme implementation.

2. Industrialized countries

127. Ascertaining trends in political commitment to population-related concerns among the industrialized countries is more difficult. This is partly because the information provided in the national reports does not always lend itself to the assessment of trends, and partly because of the very integrated way in which the industrialized countries approach policies and programmes, which makes it difficult to isolate the population components.

(a) OECD member countries

128. The most obvious indication of political commitment to population-related concerns among OECD member countries lies in the remarkable decline in mortality rates since the 1970s. Although already comparatively low in the 1970s, these rates declined considerably by the 1990s. For example, the infant mortality rate for the OECD member countries declined by 62 per cent during this period. This reflects improvements in technologies, systems and services which could only have been achieved with strong government support.

129. The increase in public expenditures for the social sectors also indicates a rise in commitment to population-related issues and concerns. This is evident both in terms of public expenditures for the social sectors (in-country), as well as in terms of donor assistance for population programmes in developing countries.

130. Another indication of commitment among the OECD member countries is the attempt to render the individual constituent components of population policies more efficient and effective. The adaptation of ongoing programmes to new priorities and circumstances and the introduction of more efficiency has accelerated in recent years, partly necessitated by the economic recession. The continuation of this process of adaptation represents the greatest challenge for the industrialized countries in the coming years and will probably result in considerable changes to the structure and content of their health, social security and family policies and programmes. New configurations of responsibility between the Government, the non-governmental sector and households are required in order to introduce greater efficiency into those systems. However, getting those with vested interests in the status quo to accept the required changes will necessitate great perspicacity on the part of Governments.

131. Immigration policy and programmes are also changing in response to new circumstances, both globally and nationally. Such changes are difficult to assess today in terms of political commitment, given the divergent positions held by the OECD member countries. However, the large number and variety of policies, legislation, programmes and other measures that have been put in place to deal with immigration indicate that it is a concern which is being taken seriously.

(b) Eastern Europe and the Commonwealth of Independent States

132. The situation of Eastern Europe and the Commonwealth of Independent States represents a special case in terms of political commitment to population-related

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concerns. Considerable investments in the social sectors were made prior to their independence from the former Union of Soviet Socialist Republics. Viewed in terms of public expenditures for the social sectors, political commitment has increased during that period. In spite of the fact that most of the expenditures were directed largely towards expanding service coverage at the expense of quality, significant progress was made in terms of decreasing mortality rates.

133. However, as mentioned in section E of this chapter, these positive trends slowed after independence, and in some cases even reversed. Massive, across-the-board restructuring, simultaneously on several fronts, meant that living standards for the vast majority of the people declined. Former social services and systems disappeared and new ones are taking time to develop, leaving vast numbers of people in exceedingly difficult circumstances.

134. In addition, certain essential components of a comprehensive health system were virtually non-existent before independence. For example, many of these countries had only very rudimentary reproductive health services. And in some countries, lack of contraceptive supplies and the availability of abortion services led to exceedingly high rates of abortion. Given the hardships and uncertainties imposed by macroeconomic transition, abortion rates have increased even further in recent years.

135. Political commitment to population-related concerns is clearly closely intertwined with the overall macroeconomic reforms in these countries. Although the positive demographic trends of the past are expected to accelerate/resume once the macroeconomic transition is complete, the big question is how long this will take and how people will manage in the interim. During the coming years, commitment to population concerns among these countries will be assessed in terms of their success in addressing two principal challenges. From a social perspective, the greatest challenge lies in establishing and maintaining temporary social safety nets while the new economic and social systems are established. From the health perspective, the main challenges lie in providing family planning services and supplies, and in preventive health-care.

IV. POPULATION GROWTH AND STRUCTURE

A. Introduction

136. Although the population growth rate for the world as a whole has declined over the past two decades, in many regions it remains high, and in some cases it is still growing. In addition, considerable variances exist across and within regions and countries.

137. In terms of population structure, the world can still be divided into two categories: the youthful populations of the developing countries and the ageing populations of the industrialized countries. With an average of between 40 and 50 per cent of the total population of developing countries below the age of 15, and less than 10 per cent above the age of 60 to 65, the developing world is still very youthful. The industrialized world, on the other hand, is ageing

rapidly, with nearly 20 per cent of its population over the age of 60 to 65, and rising, and less than 20 per cent below the age of 15, and declining.

138. On a global level, the world population structure is gradually becoming older. Already some developing countries are experiencing a gradual increase in the proportion of elderly people, while the percentage of children under age 15 is slowly but steadily declining.

139. Population growth and age structure pose serious challenges to Governments in terms of health, education, employment and social security, etc. This chapter focuses on the trends and difficulties related to those two components of population dynamics, the strategies and programmes that have been developed to tackle them, and recommendations for the future contained in the national reports.

B. Population growth

1. Trends

140. The industrialized countries witnessed a significant decline in their population growth rates during the past two decades, while the developing countries ranged from sharp declines to significant increases. For example, Eastern Asia saw a marked decline of 42 per cent in its population growth rate since 1970, while that of Southern Africa grew by 27 per cent. 5/ Table 9 shows the population growth rates for different parts of the world in 1970 and 1990, while annex II provides the same information on a subregional basis.

141. As indicated in table 9, the population growth rate for Africa increased slightly over the past two decades, from 2.7 to 2.9 per cent per annum. In contrast, whereas the population growth rate for Latin America and the Caribbean was the same as that of Africa in 1970, it is currently nearly a full percentage less than of Africa (1.96 per cent per annum). The average population growth rate for Asia lies below those of the two other regions of the developing world at 1.9 per cent per annum, down from 2.6 in 1970.

Table 9. Annual population growth rates, 1970 and 1990

Year	Africa	Asia	Latin America and the Caribbean	Total developing countries	OECD	Eastern Europe and CIS
1970	2.7	2.6	2.70	2.6	1.1	0.70
1990	2.9	1.9	1.96	2.0	0.7	0.32
Percentage change	+7	-27	-27	-23	-36	-54

142. Although the population growth rates for the industrialized world were already low in 1970, they declined the most rapidly of all the regions of the world. The OECD member countries decreased their population growth rate by

36 per cent, while the corresponding figure for the countries of Eastern Europe and the Commonwealth of Independent States was 54 per cent. Several of those countries now have negative population growth rates.

143. The most significant decline in population growth in the developing world took place in Eastern Asia, from 2.4 per cent in 1970 to 1.4 per cent per annum in 1990 (a reduction of 42 per cent). The reduction of the population growth rate in China was mainly responsible for this achievement.

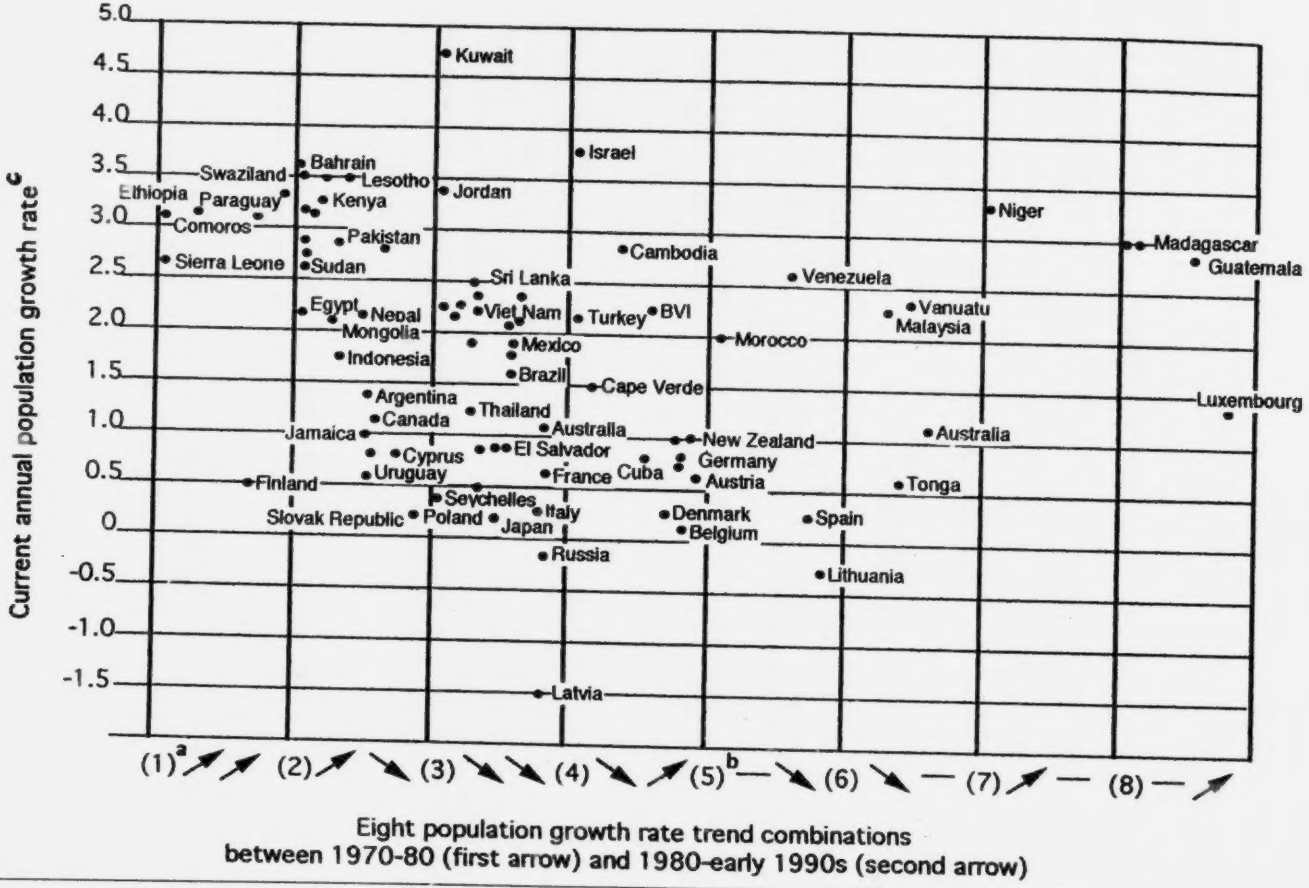
144. In absolute terms, Eastern Europe and the Commonwealth of Independent States currently have the lowest annual population growth rate in the world (0.32 per cent), while Southern Africa has the highest (3.3 per cent).

145. Based on the current rates of population growth, the developing countries will double their population size in 35 years, while the industrialized countries will take approximately 100 to 219 years to do the same. The developing region with the quickest doubling time is Africa, at 24 years.

146. Regional population growth rates tend to conceal considerable discrepancies between countries. Furthermore, the 1970s and the 1980s represented two very different decades for many countries. From the analysis of the national reports, eight different combinations of trends in population growth were identified across those two decades. The combinations consist of increasing, decreasing or stable rates during (a) the 1970s and (b) the 1980s. Figure III classifies countries into eight categories, according to their current rate of population growth.

147. A large number of countries fell into categories 2 and 3, indicating that they had experienced a decline in their population growth rates, at least since 1980. Many Asian and Latin American and Caribbean countries fell under these two categories. Some African countries experienced an increase in population growth rates during both decades (category 1). A considerable number of industrialized countries experienced a decline in their population growth rate during the 1970s, but a slight rise during the 1980s (category 4).

Figure III. Population growth rate trends since the 1970s



Note: Population growth rate used is most recent as cited in the national report or the complementary information form.

a/ For example, the population growth rates for the countries in this rectangle grew between 1970 and 1980 (first arrow), and also grew between 1980 and the early 1990s (second arrow).

b/ For example, the population growth rates for the countries in this rectangle remained the same between 1970 and 1980 (first arrow), and fell between 1980 and the early 1990s (second arrow).

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C. Youth

1. Present situation and trends

148. Owing to relatively high fertility rates and declining mortality rates, the majority of the developing countries have very youthful populations. Middle and Western Africa are the most youthful regions in the world, with under 15-year-olds comprising 46.1 and 46.6 per cent of the total population respectively. For example, the Central African Republic, Burkina Faso, Kenya, Togo and Zambia reported that 49 to 50 per cent of their populations were below the age of 15. The resulting dependency ratios are extremely high.

149. In general, the percentage of youth is gradually declining in the developing world. For example, Chile, China, Cuba, Mauritius, the Republic of Korea, Sri Lanka, Thailand and Uruguay already have less than one third of their total populations below the age of 15. The regions with the lowest percentage of youth in the developing world are Eastern Asia, South America and the Caribbean with 26.6, 34.7 and 29.6 per cent respectively.

150. Most industrialized countries have less than 20 per cent of their populations below the age of 15. Australia, New Zealand, the United States of America and Ireland are currently the only industrialized countries with more than one fifth of their populations below the age of 15. Like the other industrialized countries, those countries are experiencing a decline in their percentage of youth, although less rapidly in the traditional immigration countries of Australia, the United States and Canada.

151. Most countries of Eastern Europe and the Commonwealth of Independent States have population structures similar to those of Australia and New Zealand in terms of youth. One fifth to one quarter of their populations are below the age of 15. This means that they are slightly "younger" than their counterparts in Western Europe. Again, the trend is that both the number and percentage of youth will decrease in those countries, as fertility will probably remain below replacement level for some time, and the number of elderly is expected to rise. The national reports of these countries caution that those trends will depend on the speed of the restructuring of their economies.

2. Problems associated with very youthful populations

152. The high proportion of youth in many developing countries can pose serious difficulties for those countries. Four problem areas stand out in the national reports as being particularly challenging.

(a) Employment

153. Perhaps the greatest challenge to countries with youthful population structures and high population growth rates lies in dealing with the high number of new entrants to the job market each year. For example, Botswana experienced a 52 per cent increase in the size of its labour force between 1981 and 1991. It will have to create 600,000 new jobs during the next 25 years to accommodate the demand for employment. Lesotho, with an unemployment rate of 35 per cent

already, will not only have to try to provide new jobs for the currently unemployed and the annual new job seekers, but also accommodate the high number of returnees from South Africa. Many developing countries are facing similar situations; their rate of economic growth is not sufficient to accommodate the large number of new entrants to the job market each year. This poses serious problems, which are expected to increase over the next several decades.

(b) Social services

154. Most developing countries are very concerned about the high level of illiteracy among their youth and its socio-economic consequences in terms of the level of qualification of the labour force. Access to primary and secondary educational facilities in those countries is still hindered by such factors as the rising number of school enrolments each year owing to high population growth rates; lack of sufficient school facilities and trained teachers, particularly in rural areas; and poverty and the inability of the majority of households to pay school fees.

155. Access to quality health services is also a source of considerable concern for developing countries with very youthful population structures. Rising demand often exceeds those countries' ability to supply the required services. A growing area of concern is the high number of teenage pregnancies in developing countries and the vulnerability of adolescents to sexually transmitted diseases, including HIV/AIDS. In some countries, more than 20 per cent of the total births are by teenage girls. In Guatemala, 40 per cent of all mothers are under the age of 19.

(c) Housing

156. Many of the national reports also mention that their housing problems are exacerbated by the rising percentage of youth, particularly in urban centres. Many young people move from rural to urban areas in search of work, thus increasing the demand for urban housing. Since Governments often lack the financial means to accommodate the influx of rural-to-urban migrants and to provide subsidies for building new houses, many young people end up living in shanty towns or on the streets.

(d) Delinquency

157. In some cities, conditions are so difficult that many families find themselves unable to take care of their children, some of whom end up as street vendors, delinquents or members of street gangs. Violence and substance abuse among youth are cited as a major concern in a considerable number of national reports.

3. Policies, strategies and programmes

158. According to the national reports, improving and expanding health, education and training services, combined with employment creation, are the four priority areas for combating youth-related problems in developing countries. Raising educational levels and school enrolment are the main strategies used to

combat illiteracy among youths. Most countries perceive the challenge as one of how to build more schools and train more schoolteachers, which entails higher costs for the already strained national education budget.

159. Three main strategies have been tried to improve the employment situation of youth. Firstly, vocational and technical training programmes have been introduced to try to provide youth with marketable skills. Secondly, special job-creation programmes have been launched, often aimed at self-employment. For example, the United Republic of Tanzania has established a youth development fund to help young people gain access to credit for self-employment. Thirdly, Governments have often encouraged labour-intensive industries and have promoted the development of small and medium-sized enterprises in order to absorb some of their unemployed youth.

160. To address the problems associated with the rising number of teenage pregnancies, many countries have developed special IEC or family life education programmes to promote responsible parenthood and teach adolescents about sexuality. In some countries, such as Ghana, youth counselling centres have been established where adolescents can come to discuss their problems and where they are given advice on a range of relevant issues.

161. Some countries have established ministries of youth or youth councils to formulate and coordinate strategies to improve the conditions of youth. Other countries, such as Morocco, the Niger, Sierra Leone, the United Republic of Tanzania and Thailand, reported that they have national plans of action to combat youth-related problems.

162. The results of these programmes appear to be mixed. A few national reports described the implementation problems encountered. They included lack of trained personnel to deal with the needs and problems of youth, lack of financial and institutional capacity to implement youth programmes, and lack of research on the current situation and problems of youth.

D. Population ageing

1. Present situation and trends

163. Population ageing has become a central characteristic of the industrialized countries and is gradually becoming visible in some developing countries as well. Owing to low and stabilized levels of fertility and rising life expectancy at birth, most industrialized countries currently have rapidly ageing populations. The average percentage of elderly in the total population of the industrialized countries is currently 17 per cent, and is expected to rise to nearly 25 per cent early in the next century. It should be noted that the term "elderly" applies to different age categories in different countries. In some countries it refers to people aged 60 years or over, while in others it applies to people 65 years or over. The former definition is used in this chapter.

164. In the majority of Western and Northern European countries, the percentage of elderly has already surpassed that of youth. Furthermore, this trend is expected to continue over the next two or three decades. In the other OECD

member countries and those of Eastern Europe and the Commonwealth of Independent States, the percentage of elderly is still less than the percentage of youth, although the former is rising and the latter falling.

165. In general, developing countries have less than 10 per cent of their population over 60 years of age. According to data from the national reports and the complementary information forms, the average percentage of elderly in the developing world in 1990 was 5 to 6 per cent of the total population. Exceptions were China, Cuba and Uruguay which already had 8.4, 12.2 and 16.5 per cent respectively of their population over the age of 60. It is expected that the number of elderly people will rise rather rapidly in developing countries, since fertility rates are declining in most regions and life expectancy at birth is on the rise. However, population ageing for most developing countries is still a rather distant concern.

2. Consequences of ageing populations

166. The rising proportion of elderly and diminishing percentage of youth in most industrialized countries is often accompanied by a decrease in the size of the economically active age group. This causes serious problems for the financing of social security systems in many countries.

167. From the 1960s onwards, most industrialized countries established large-scale, publicly managed social security systems to meet the needs of their elderly people. Since they had experienced a "baby boom" in the late 1940s and 1950s, the number of elderly was still comparatively low in the 1960s compared to the economically active population. This permitted Governments to build up social security systems rapidly, using schemes by which the contributions of the economically active population paid directly for the upkeep of the elderly. However, the dramatic decline in fertility from the 1960s onwards is slowly undermining the viability of those types of social security schemes.

168. Many industrialized countries are also concerned about the rising demand for health-care services on the part of their growing population of elderly people. Since most of these countries have publicly funded health systems, they are concerned both with the need to reorient their services and with the rising costs owing to higher levels of demand.

169. Although population ageing is primarily of concern to the industrialized countries, several national reports from developing countries mentioned their concern over the rising number of elderly who have no one to care for them. This situation has been caused by the gradual erosion of the traditional family unit, which has been responsible for the care of the elderly.

3. Policies and programmes

(a) Industrialized countries

170. In response to the ageing phenomenon, most industrialized countries have concentrated on reforming their social security systems. These reforms consist

primarily of reconfiguring the responsibility for financing the welfare of the elderly between different segments of society. They are briefly described at the end of chapter IX.

171. Another strategy used to improve the conditions of the elderly is the extension of the legal retirement age. Many industrialized countries have raised, or are in the process of raising, the legal age of retirement. In addition, special programmes have been set up for retraining the elderly so that their labour skills do not become outdated.

172. Most industrialized countries are trying to halt the decline in their fertility rates and some have even decided actively to encourage higher fertility. Although reversing the rising dependency ratio is not the sole objective behind such positions, it is certainly a contributing factor. Family policies are the principal means of implementing those objectives. Such policies attempt to reconcile professional and family life, particularly for women, since the increased participation of women in the labour market is perceived as one of the main reasons behind fertility decline. These policies are also briefly described at the end of chapter IX.

173. The majority of industrialized countries do not perceive immigration as a long-term solution to address demographic imbalances caused by fertility decline and population ageing. The socio-cultural difficulties of integrating large numbers of immigrants is cited as the main reason for this.

174. The countries of Eastern Europe and the Commonwealth of Independent States formerly had large-scale social security and family policies. However, most of these countries are now facing severe difficulties owing to the massive socio-economic restructuring currently under way. As social systems are being revamped, many elderly find themselves living under very difficult conditions.

(b) Developing countries

175. Although most developing countries stress the need to reinforce the traditional family support system as the principal means of caring for the rising number of elderly people, a range of other initiatives have also been developed over the past 20 years.

176. A large number of developing countries already have pension and social security systems. Some of those systems mirror the western model, such as in Africa and Latin America, while others follow their own models. For example, some Asian countries perceive the role of the Government in this respect to be more of a regulatory nature and less of a financial and management one.

177. Other strategies are also under consideration. For example, Malaysia is considering raising its legal retirement age, and Ghana has established a national coordinating committee on the aged and the disabled to formulate, implement and coordinate policies. In addition, a rising number of developing countries are incorporating strategies to assist the elderly into their national development plans.

E. Recommendations for the future

178. The national reports collectively stated or implied the following recommendations to deal with the problems arising both from youthful and from elderly population structures.

1. Populations with a high proportion of youth

179. For countries with a high proportion of youth, the recommendations are as follows:

(a) Expand educational coverage, which necessitates some combination of higher national budgetary allocations to the educational sector, cost-recovery systems and/or higher proportions of donor assistance directed to the social sectors;

(b) Increase job-insertion programmes, such as training and apprenticeships;

(c) Ensure that training programmes are well articulated with the skill requirements of the job market;

(d) Encourage more self-employment initiatives;

(e) Expand family life education programmes and counselling services so as to reduce the incidence of teenage pregnancies;

(f) Develop the capacity of youth programmes to assist their target beneficiaries better: improve staff training; collect more data on youth; and explore mechanisms to involve unemployed youth in activities to develop their capacities, orient their development and keep them off the streets.

2. Ageing populations

180. For countries with ageing populations, the recommendations are as follows:

(a) Restructure social security systems in line with dependency ratio trends and economic realities;

(b) Extend the legal age of retirement;

(c) Expand retraining programmes to keep the labour skills of the elderly marketable;

(d) Ensure that health systems include services for the elderly.

V. HEALTH, MORBIDITY AND MORTALITY

A. Introduction

181. The national reports show that the major health indicators improved in nearly all parts of the world since the World Population Conference at Bucharest in 1974. In some regions, such as Northern Africa, Western Asia and South America, the improvements were quite significant. However, the gap between the industrialized and the developing countries widened during the past two decades. Furthermore, in some regions the considerable improvements in health made during the 1970s were not maintained during the 1980s. For example, many national reports from Latin America and sub-Saharan Africa indicated that the momentum of the 1970s was slowed or even reversed in the 1980s because of the hardships imposed by economic recession, the debt crisis and extended structural adjustment programmes.

182. In this chapter, the trends in health indicators are described on a global and regional basis. The factors contributing to, and detracting from, the improvement in health conditions are then outlined. Finally, a brief overview is provided of the main health-related goals and objectives described in the national reports.

B. Global trends: 1970 to the present

183. Perhaps the most remarkable indication of improvements in health during the past 20 years is the decline in IMR. The scope of this decline ranged from 22 per cent in Middle Africa to 59 per cent in the industrialized countries of Western Europe and North America (see table 10 and annex III). 5/ Remarkable reductions were also reported in the countries of Northern Africa, Western Asia and South America, where IMRs declined by more than half.

Table 10. Infant mortality rates, 1970 and 1990

(Per 1,000 live births)

Year	**Africa**	**Asia**	**LAC**	**Developing countries**	**OECD member countries**	**Eastern Europe and CIS**
1970	139.2	112.3	87.1	108.3	30.1	25.6
1990	94.6	57.2	43.9	60.7	12.4	16.1
Percentage change	-32	-49	-50	-44	-59	-37

184. However, the IMR in developing countries is currently five times higher than in the OECD member countries, while in 1970 it was three-and-a-half times higher. More striking is the widening of the gap between the OECD member countries and Africa. This difference increased over the past two decades from four-and-a-half times in 1970 to seven-and-a-half times in 1990. The national

reports provided insufficient data on CMRs and MMRs to draw conclusions on regional trends, but it appears that CMRs probably declined as well in most regions. The 1990 data on MMRs indicate that these figures remain high in the developing countries. For example, in Western Africa the MMR was 787 per 100,000 live births.

185. The OECD member countries decreased their MMR by more than 80 per cent, from an already low rate of 34 per 100,000 live births in the early 1970s to 5 per 100,000 live births in 1990. In some countries in Western Europe, maternal mortality is currently practically zero.

186. Life expectancy at birth has generally increased significantly in the developing world, ranging from an increase of five years in the Caribbean to 14 years in Northern Africa (see table 11 and annex III). Male and female life expectancies have for the most part increased concurrently, with a consistent gap of 3 to 5 years in favour of females. Only in Eastern Europe and the Commonwealth of Independent States has the gap between male and female life expectancy widened significantly. In most of those countries, male life expectancy at birth stagnated or even decreased in the 1990s, with the result that the progress made in the 1970s and early 1980s was undermined and the overall life expectancy figure for the region is currently only one year more than it was in 1970.

187. Although the gap in life expectancy at birth between the OECD member countries and the developing countries decreased from 18.7 to 15.7 between 1970 and 1990, it remains considerable.

Table 11. Life expectancy at birth, 1970 and 1990

(Number of years)

Year	Africa	Asia	LAC	Developing countries	OECD member countries	Eastern Europe and CIS
1970	45.0	52.8	58.6	52.3	71.0	69.2
1990	53.6	60.7	68.0	60.3	76.0	70.3
Change (years)	8.6	7.9	9.4	8.0	5.0	1.1

C. Regional trends: 1970 to the present

1. Africa

188. Many African countries have made significant progress in reducing mortality rates since 1970. In Northern Africa, the IMR declined by 55 per cent, from an average of 125 per 1,000 live births in 1970 to 56 per 1,000 in 1990. For example, Egypt's IMR decreased from 116 per 1,000 live births to 38 per 1,000 between 1970 and 1990. Morocco managed to reduce its IMR from 123 per 1,000 live births to 57 per 1,000 during the same period. The low IMR of Southern Africa is also noteworthy. Although the overall decline was less rapid than in Northern Africa, certain countries, such as Botswana, managed to cut their IMRs in half over the 20-year period.

189. Nevertheless, certain parts of Africa still remain far behind the other regions of the developing world in terms of IMRs, particularly Western, Middle and Eastern Africa. Figure IV indicates the progress made in reducing infant mortality rates between 1970 and 1990 in Africa on a subregional basis.

190. As a direct consequence of the decline in infant mortality, life expectancy at birth for both sexes increased by 6.7 years in Western Africa and 14 years in Northern Africa. Life expectancy at birth for both sexes in Northern Africa is currently almost the same as in South-eastern Asia, namely 61.8 and 63.3 years respectively. Nevertheless, it remained very low in other parts of Africa. For example, the countries of Middle Africa have an average life expectancy at birth of 50.7 years, ranging from 45 years in Angola to 52.5 years in Gabon. This represents 11.1 years less than the Northern Africa average. Figure V indicates life expectancy at birth for the different subregions of Africa in 1970 and 1990.

191. Africa has the highest MMRs in the world. In 1990, the overall MMR for Africa was 540 per 100,000 live births, ranging from 213 per 100,000 in Southern Africa to 787 per 100,000 in Western Africa. The reasons reported for high MMRs were unsafe induced abortions, anaemia and poor hygienic conditions during childbirth leading to infections. The highest current MMR cited in the national reports is in rural Nigeria; 1,600 per 100,000 live births. In urban Nigeria, the MMR is estimated to be 200 per 100,000. Other countries with very high MMRs are Benin, Côte d'Ivoire, Djibouti, Ethiopia, Guinea, Guinea-Bissau, Mali, the Niger and Senegal, all of which have MMRs of 700 per 100,000 or above.

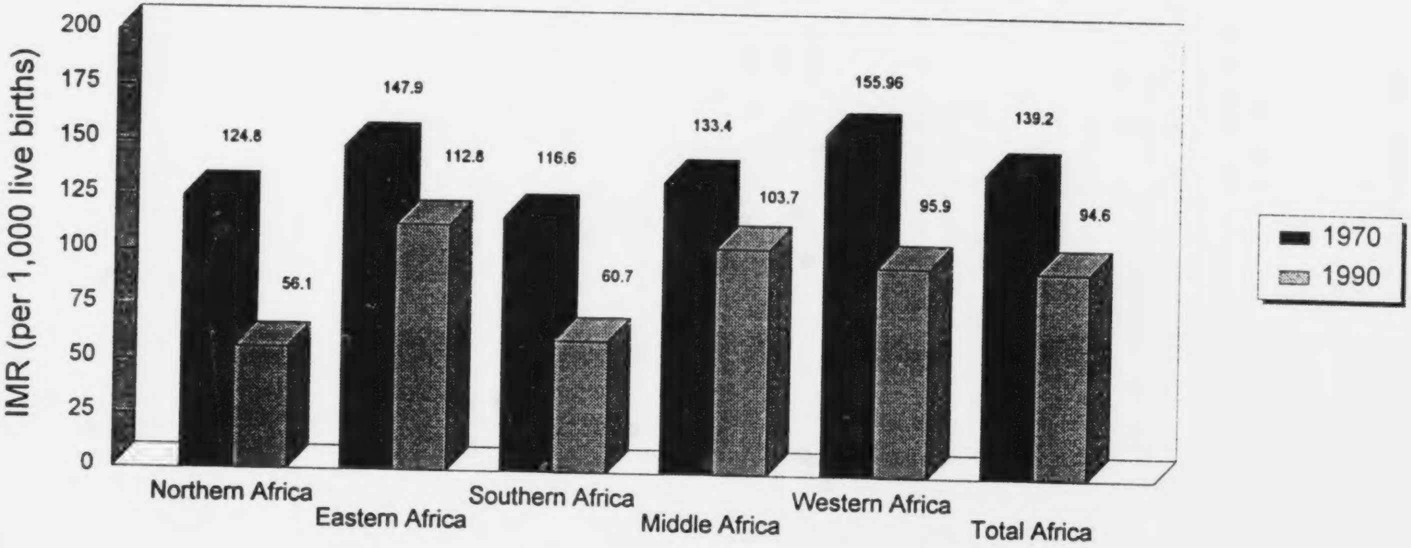
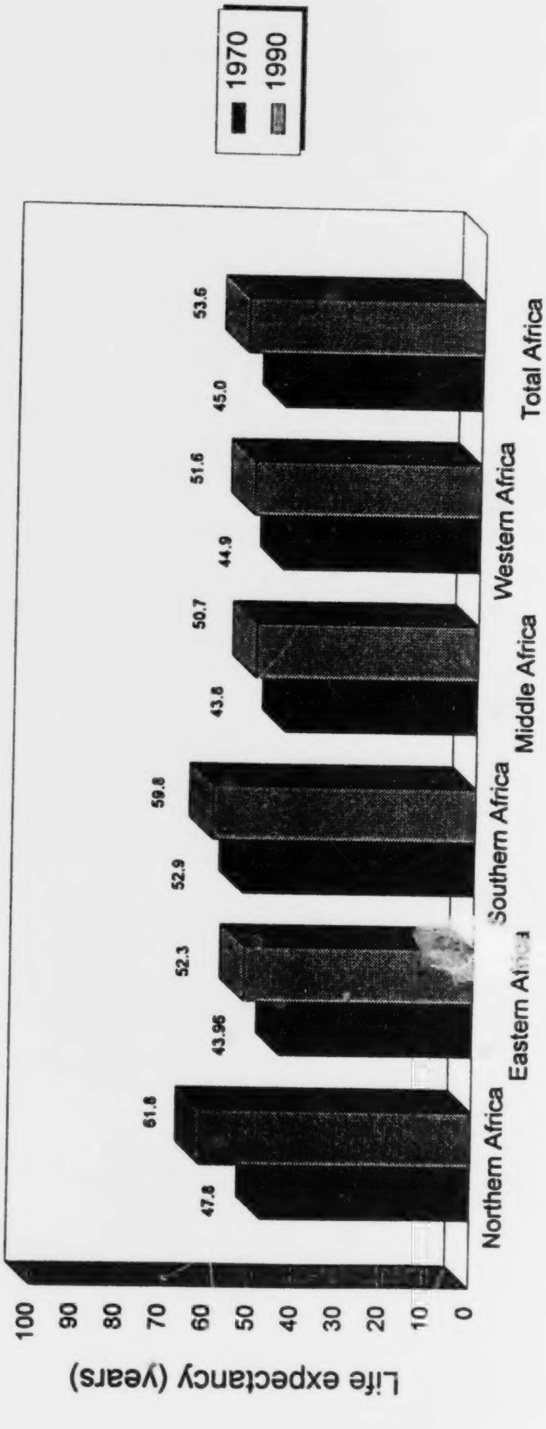


Figure IV. Infant mortality rates, Africa, 1970 and 1990

Figure V. Life expectancy at birth, Africa, 1970 and 1990



2. Asia

192. The current health status of Asia lies between that of Africa and of Latin America and the Caribbean. Between 1970 and 1990, Western and South-eastern Asia reduced their IMRs by approximately half (see figure VI). The Asian average of 57.2 per 1,000 live births has obscured wide divergences between countries. For instance, the IMR of Bhutan was 134 per 1,000 live births in 1990, while Malaysia's was 13.3 per 1,000 and the rate for the Democratic People's Republic of Korea was 9.2 per 1,000.

193. As a consequence of the declining IMRs, life expectancy at birth has risen rapidly. The highest life expectancy is in Eastern Asia, with 71.4 years for both sexes combined. Southern Asia still has the lowest life expectancy in the region, namely 58.8 years, a difference of nearly 13 years compared to Eastern Asia. A notable exception is Sri Lanka, where the IMR is four times lower than the subregional average (20.3 versus 82.2 per 1,000) and life expectancy at birth is at least 13 years more than the subregional average (72.5 years versus 58.8 years). The smallest increase in life expectancy at birth in Asia took place in Oceania where it rose by only 2.8 years (the second lowest increase after Eastern Europe and the Commonwealth of Independent States).

194. As shown in figure VII, which indicates life expectancy at birth for Asia in 1970 and 1990, the most striking progress was achieved in South-eastern Asia, where life expectancy at birth rose by 12 years, from 51.6 to 63.3 years, during the 20-year period. Indonesia's life expectancy rose from 47.7 to 61.3 years during that period, an increase of 13.6 years.

195. Despite the impressive achievements made in the above-mentioned indicators in Asia, MMRs are still very high, ranging from 89 per 100,000 live births in Western Asia to 513 per 100,000 live births in Southern Asia in 1990.

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Figure VI. Infant mortality rates, Asia, 1970 and 1990

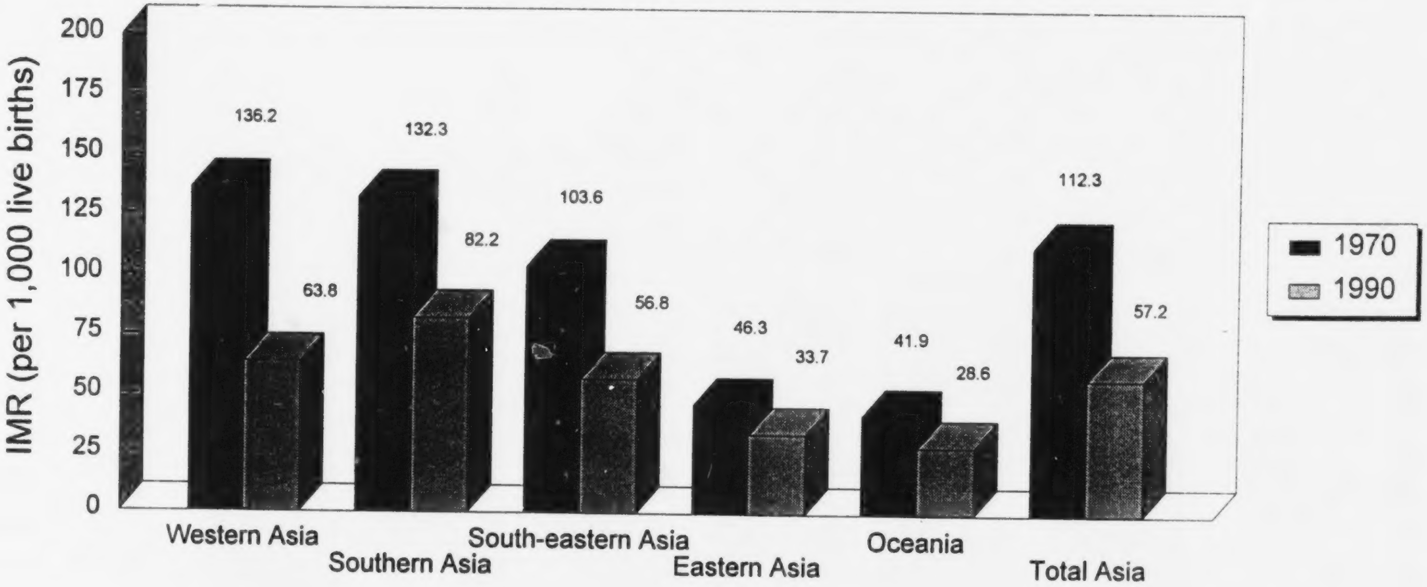
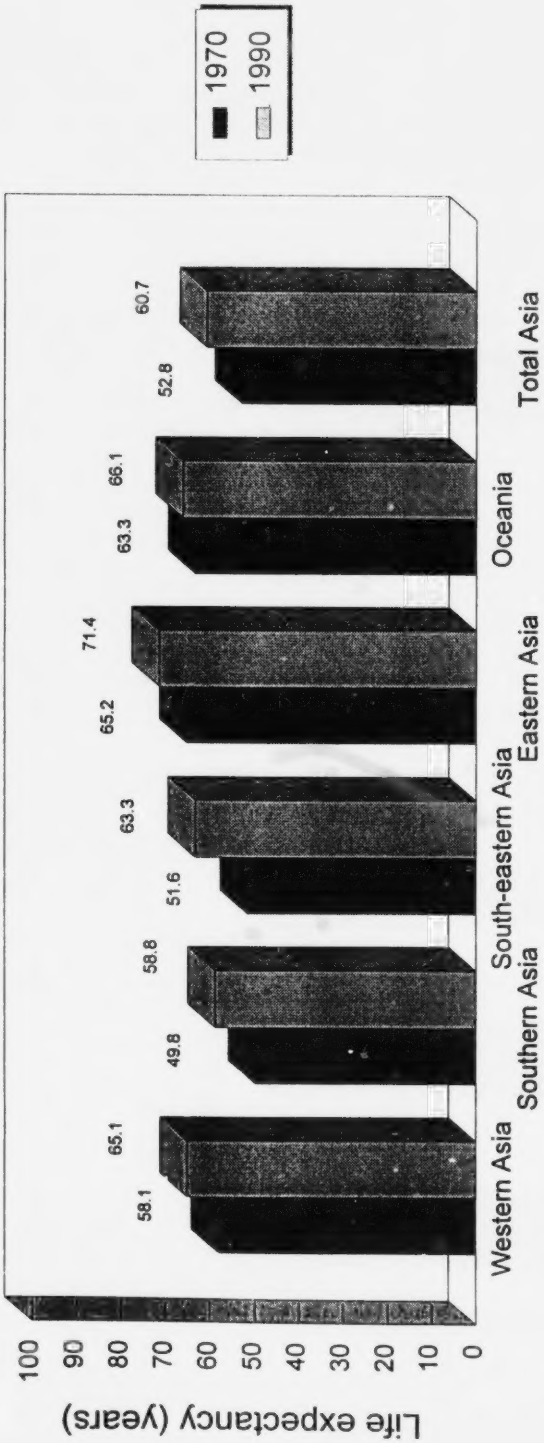


Figure VII. Life expectancy at birth, Asia, 1970 and 1990



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3. Latin America and the Caribbean

196. Latin America and the Caribbean has the lowest mortality rates and the highest life expectancies at birth among the developing regions. Nevertheless, the IMR was still five times higher than in the OECD member countries in 1990. Figure VIII provides an overview of IMRs in the subregions of Latin America and the Caribbean in 1970 and 1990.

197. South America reduced its IMR by half between 1970 and 1990, although it is still twice as high as in the Caribbean. According to the national reports, of all the countries in Latin America and the Caribbean, Cuba had the lowest IMR in 1990, 10.7 per 1,000 live births, while Guatemala had the highest, 89 per 1,000 live births.

198. Life expectancy levels in Latin America and the Caribbean are currently close to what they were in the OECD member countries in 1970, approximately 70 years. Figure IX indicates life expectancy at birth in Latin America and the Caribbean in 1970 and 1990.

199. It is interesting to note that the national reports of both Mexico and Argentina describe the current health situation of their populations as being in an "epidemiologic transition", with the principal causes of morbidity and mortality changing from predominantly infectious diseases (typical of developing countries), to those associated with industrialized countries, such as cardiovascular diseases, cancer and traffic accidents.

Figure VIII. Infant mortality rates, Latin America and Caribbean, 1970 and 1990

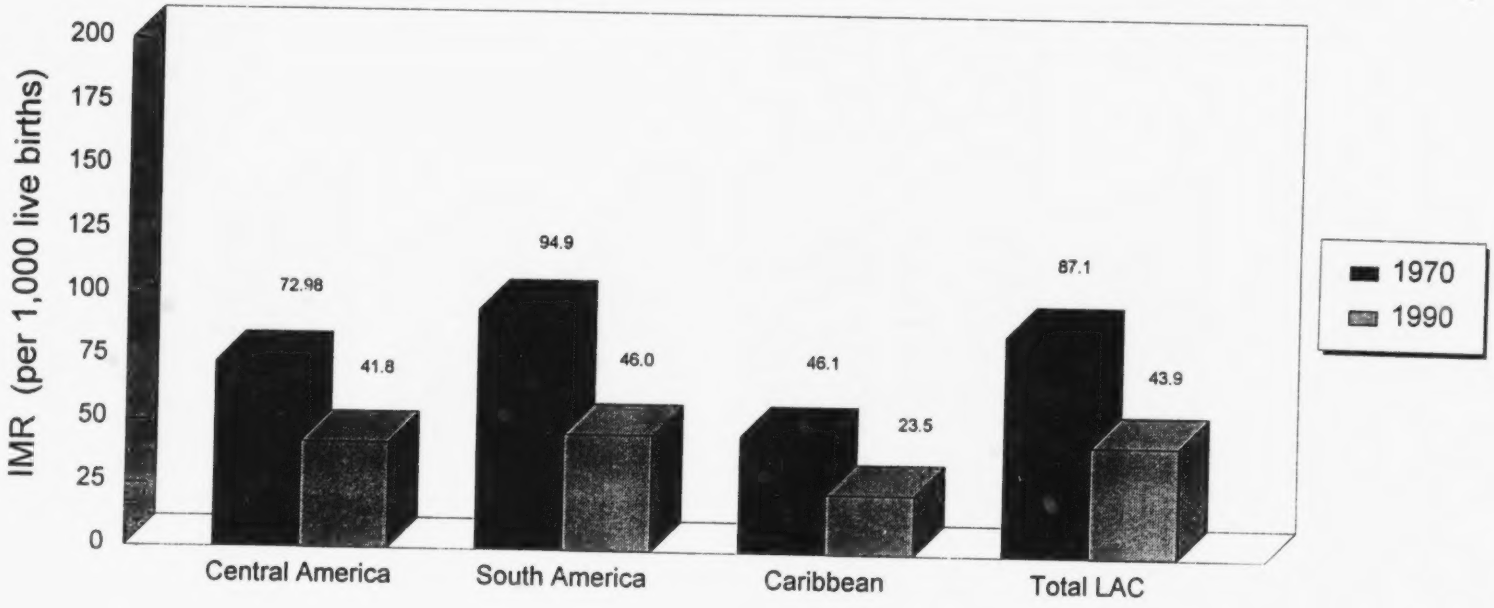
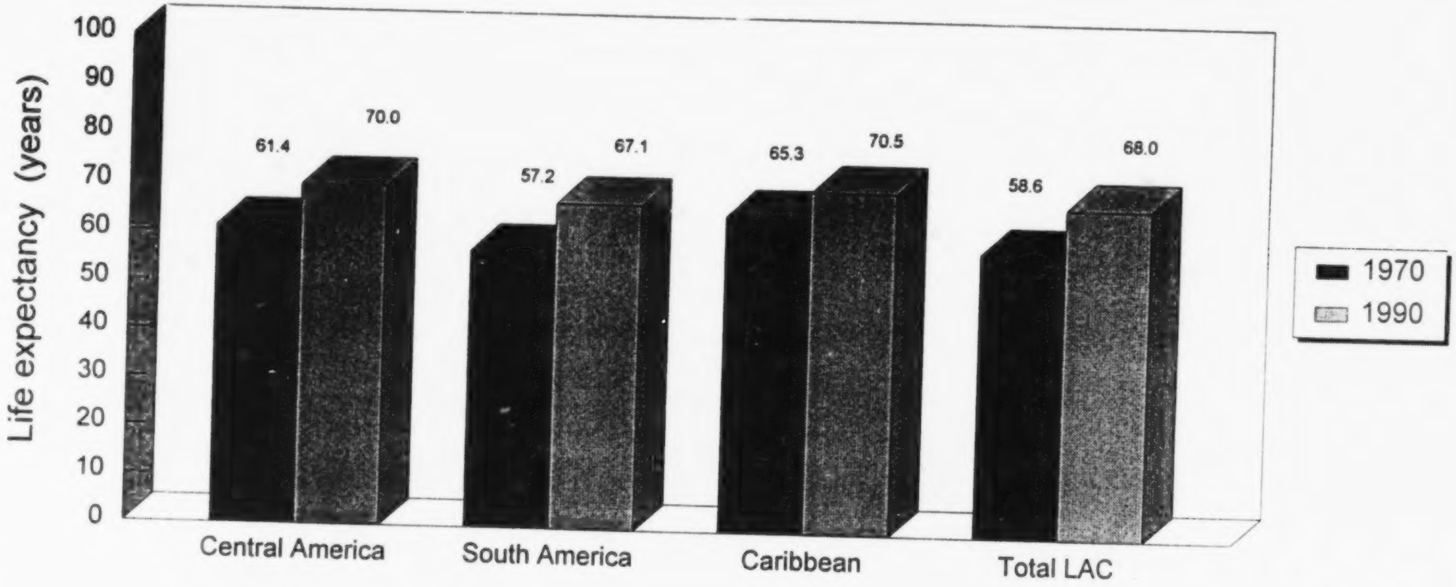


Figure IX. Life expectancy at birth, Latin America and Caribbean, 1970 and 1990



4. Western Europe, the United States of America and Canada

200. In the late 1960s and early 1970s, most of these countries already had very low mortality rates and high life expectancies at birth. Nevertheless, considerable improvements were made between 1970 and 1990 (see figures X and XI). The IMR decreased by 62 per cent (from 21.5 per 1,000 live births to 8.2 per 1,000) and the MMR decreased by 85 per cent (from 34.4 per 100,000 live births to 5.1 per 100,000). In addition, life expectancy at birth increased by nearly five years, from 71 to 76 years.

Figure X. Infant mortality rates, industrialized countries, 1970 and 1990

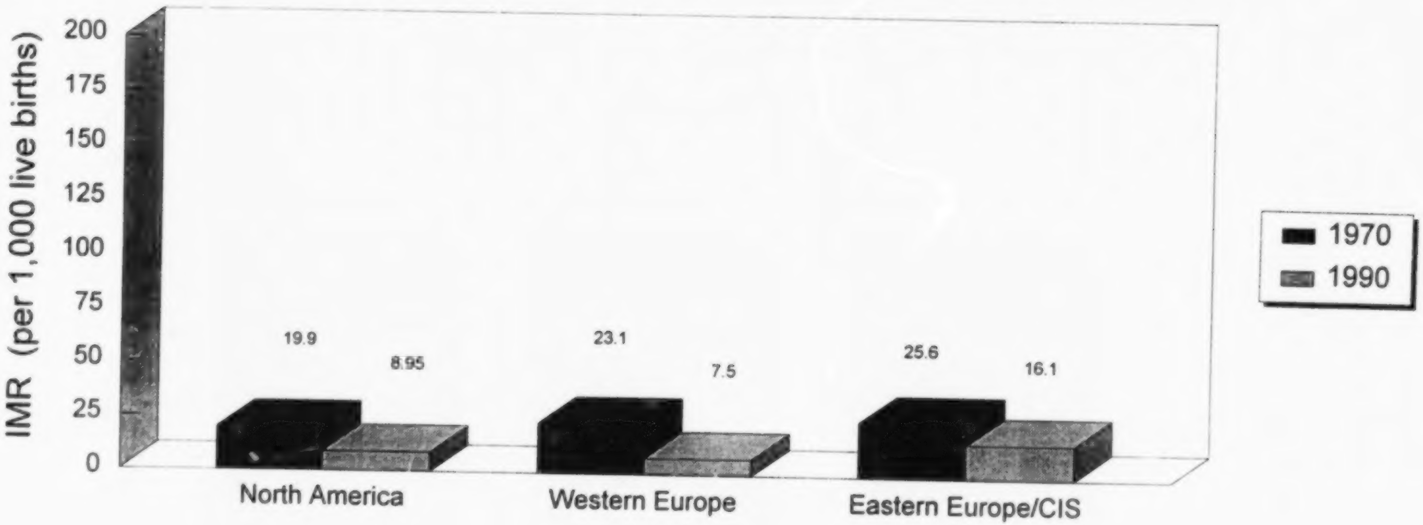
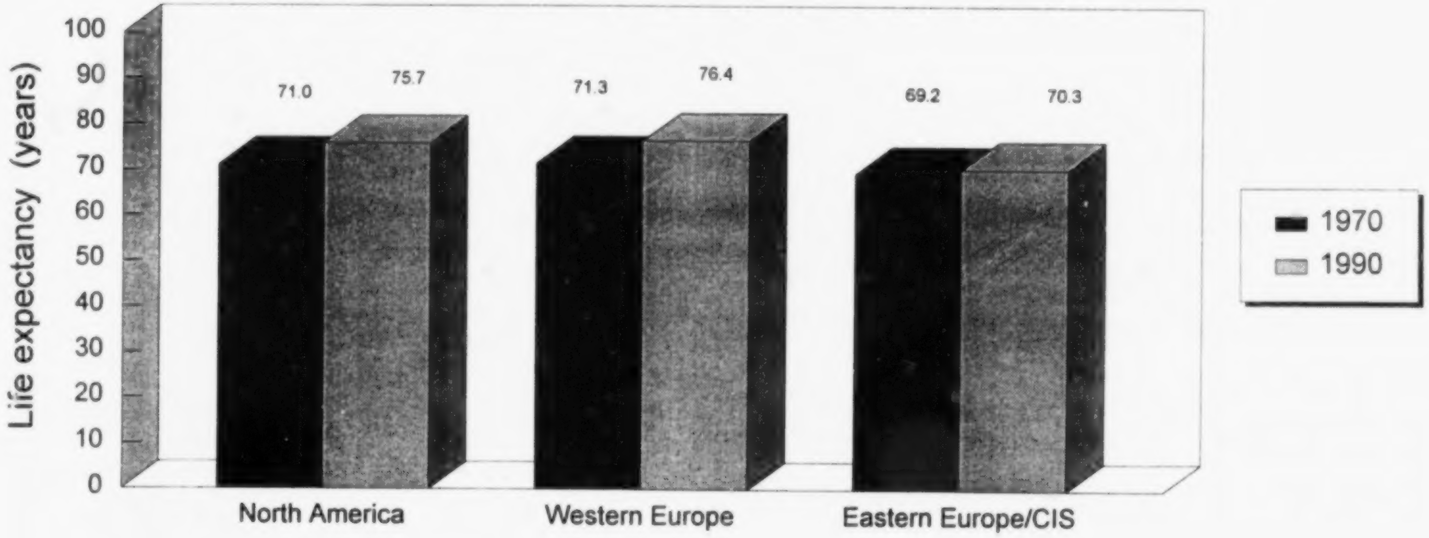


Figure XI. Life expectancy at birth, industrialized countries, 1970 and 1990



5. Eastern Europe and the Commonwealth of Independent States

201. Most countries of Eastern Europe and the Commonwealth of Independent States have reduced their IMRs substantially, although the current average IMR is still twice that of Western Europe (see figures X and XI). The MMR declined by 50 per cent between 1970 and 1990, although it is still 7.5 times more than in Western Europe.

202. Eastern Europe and the Commonwealth of Independent States is the only region in the world where the gap between male and female life expectancy at birth has widened. Life expectancy at birth for men decreased in recent years, while that of women remained more or less stable. Eastern Europe and the Commonwealth of Independent States is also the only region in the world where the CDR increased, notably in the late 1980s and early 1990s. The increase averaged nearly one third (32 per cent), from 8.8 per 1,000 inhabitants in 1970 to 11.6 per 1,000 in 1990. The reasons provided for these set-backs revolve around the socio-economic hardships associated with macroeconomic transition.

D. Improving health conditions

1. Factors contributing to health conditions

203. The national reports indicate that the four main factors contributing to improvements in health conditions around the world have been socio-economic development; focus on primary health care; raising the literacy rate; and expansion of health insurance.

204. According to the majority of the national reports, by far the greatest contribution to improvements in the general health status of the world population has resulted from improvements in the overall socio-economic situation in many parts of the world. Both at the national and individual levels, improvements in socio-economic conditions have led to better quality health care, better access to and more use of health care facilities, more investments in the health care system, greater awareness of health hazards and improvements in prevention and treatment.

205. The second major factor has been the focus on primary health care, mainly since the International Conference on Primary Health Care, held at Alma Ata in 1978. Since then, most developing countries have promoted the primary health care approach as a means of providing easily accessible and affordable health care, particularly to rural areas and to the poor. The national reports indicate that three primary health care components in particular have had a major impact on the reduction of infant and child morbidity and mortality rates in developing countries, as well as the reduction of CDRs. These components are (a) immunization of infants and children under the age of 5; (b) prenatal and postnatal care; and (c) community participation in health care through the training of local paramedical staff, village health workers and traditional birth attendants.

206. A third factor which has contributed significantly to the reduction of mortality rates in developing countries is the increase in literacy,

particularly among women. Many national reports stressed the direct link between child survival and the educational level of mothers. The reports stated that there was evidence that the more years of education a women receives, the more likely it is that her children will survive the first five years of life.

207. The fourth major factor contributing to the improvement in health conditions pertains primarily to the OECD member countries. Most of those countries already had low levels of morbidity and mortality in the early 1970s, but the improvements made since then are mainly a result of the expansion of health insurance.

208. In addition to the above-mentioned main factors, improvements in health status have also been achieved through the creation of healthier environments, especially at the local level. This pertains particularly to the OECD member countries where the issue of environmental health has risen on the medical and political agendas.

2. Constraints to improving health conditions

209. Many national reports, particularly those from Latin America and sub-Saharan Africa, mention the economic crisis of the 1980s, the debt crisis and extended structural adjustment programmes as the main reasons for declines in health care services and infrastructure. While the demand for health care increased with population growth in the past 20 years, many developing countries were not able to keep pace in terms of expanding their health care facilities, training their staff and providing medical supplies. Rising poverty is often cited in the national reports as being the single most important causal factor in this regard.

210 A good example of the impact of the socio-economic situation on the health status of a population is presented by the national reports of the countries of Eastern Europe and the Commonwealth of Independent States. As a result of the deteriorating socio-economic conditions in most of these countries, male life expectancy at birth is on the decline and CDRs are on the rise. The overall life expectancy at birth in these countries is currently the same as those of Central America and the Caribbean, and the CDR is higher than that of southern Africa.

211. The second main factor inhibiting improvements in health status is the low status of women. As mentioned above, female literacy and educational attainment are perceived as closely linked to the health status of a population. The persistent gap between female and male literacy rates and educational attainment thus highlights one of the main barriers to improving health conditions.

212. The national reports from sub-Saharan African countries and some Asian countries also mentioned that health status could sometimes be jeopardized by certain cultural or traditional practices. For example, in some cultures women and girls are only permitted to eat after the men have finished their meals. This practice often leads to undernourishment or malnutrition among women and girls. The practice of female genital mutilation is another tradition that has

very detrimental health consequences for women, particularly with regard to childbirth.

213. Another factor often mentioned in the national reports of sub-Saharan African and some Asian countries is the low level of urbanization during the past two decades. Since these countries have difficulties in extending health services to their rural populations, their low level of urbanization is perceived as detrimental to the population's health status.

3. Human immunodeficiency virus and acquired immunodeficiency syndrome

214. The spread of HIV/AIDS has become a serious constraint to improving the health status of the population in many developing and industrialized countries. In Côte d'Ivoire, AIDS is the leading cause of mortality among adolescent males and the second cause of death for adolescent females. In the United States, AIDS is the second leading cause of death for men and the fifth for women between 25 and 44 years of age.

215. The prevention of HIV infection has become a top priority in the health and population policies of many countries. The way in which Governments deal with the problem does not vary much between countries. In most countries where AIDS has become a serious threat or is expected to become so, national AIDS committees have been established to advise Governments on the spread of the disease, to identify possible target groups and prevention strategies, and to formulate national AIDS prevention programmes. These programmes aim at preventing the spread of the disease through information campaigns, the distribution of condoms and blood testing. Information on HIV/AIDS is generally disseminated through existing health channels. Health and family planning personnel are often trained to educate people on ways to prevent the spread of HIV/AIDS and other sexually transmitted diseases.

216. Only a few national reports describe the problems encountered in implementing their national AIDS prevention programmes. Some of these problems are the low status of women, which makes them more vulnerable to contracting HIV; cultural norms and traditions, which make it difficult to talk about sexual behaviour; the existence of such practices as polygamy; lack of financial resources; lack of reliable data; lack of trained (para)medical personnel; and lack of coordination between health and family planning programmes.

E. Goals and objectives

217. Many developing countries stated their objectives for improving the health status of their populations in their national reports. These objectives appeared both in the form of quantitative goals and qualitative objectives. Since only a few industrialized countries provided this information in their national reports, this section focuses on the former group of countries.

1. Quantitative health goals

218. Most of the health goals contained in the national reports pertain to reductions in mortality. They are generally expressed in terms of IMR, CMR, MMR, prenatal and postnatal care coverage, number of deliveries attended by trained health personnel, immunization coverage and identification of high-risk pregnancies. In addition, some supporting goals with a direct bearing on the achievement of the health goals were also mentioned. They included the number of people with access to safe drinking water and sanitation; the number of cases and degree of malnutrition; and education goals such as literacy rates, school enrolment, etc.

219. The two quantitative goals most frequently cited in the national reports were IMRs and MMRs, cited in 28 national reports (see table 12). Of the 24 countries that set IMR targets for the year 2000, 22 consisted of reductions of at least one third in the current rate, or reductions to the level of 50 per 1,000 live births or less. A total of 17 reports included quantitative goals for the MMR for the year 2000 and/or 2015. Of the 15 reports that set MMR targets for the year 2000, 10 aim to reduce it by half.

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Table 12. National mortality goals in developing countries
(As cited in the national reports)

Countries	Infant mortality rate				Child mortality rate				Maternal mortality rate			
	2000		2015		2000		2015		2000		2015	
	Goal	Percentage reduction *	Goal	Percentage reduction *	Goal	Percentage reduction *	Goal	Percentage reduction *	Goal	Percentage reduction *	Goal	Percentage reduction *
Bhutan	88	33(97)				33(97)			330	57		
Bolivia	20	46	39(10)						175	50		
Burkina Faso	70	39										
Burundi			74	29(10)								
China	21	33							47	50		
Comoros			80	30(10)							200	57(10)
Ecuador	32	33							60	50		
Egypt	37	3							200	23(96)		
Equatorial Guinea	90	25							350	13		
Ghana			24	69(20)								
Grenada	10											
Guinea-Bissau	98	33			164	32			457	51		
Honduras	35	30										
Jordan	20	41										
Lao Peoples' Dem. Rep.	80	32							350	36		
Liberia	75	41										
Micronesia	45	10										
Myanmar	50	49			70	53			62	44		
Namibia	50	12			42	50						
Nepal	80	22(97)			130	21(97)			750	12(97)		
Nicaragua			24	56(20)								
Niger	100	35							350	50		
Panama	11	30								50		

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Countries	Infant mortality rate				Child mortality rate				Maternal mortality rate			
	2000		2015		2000		2015		2000		2015	
	Goal	Percentage reduction *	Goal	Percentage reduction *	Goal	Percentage reduction *	Goal	Percentage reduction *	Goal	Percentage reduction *	Goal	Percentage reduction *
Saint Vincent and the Grenadines	6	30										
Sao Tome and Principle	37	50										
Senegal									350	50		
Thailand	17	55							15	50		
Tunisia	25									50		
Turkey	30	47			50	44			50	50		
Viet Nam	30	32							7	36		

Note: Bracketed figures indicate alternative year for reaching the target (e.g., 10 refers to the year 2010).

* From 1990.

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2. Qualitative health objectives

220. The qualitative objectives cited in the national reports included both general and programme objectives. With regard to the former, the main objective is to reduce morbidity and mortality. The programme objectives aim at accomplishing this primarily by expanding and improving (a) general health services; (b) maternal and child health services; (c) nutritional programmes; (d) sexually transmitted diseases/AIDS programmes; and (e) programmes that address the health needs of the elderly.

221. The attainment of goals pertaining to the following indicators are also expressed in qualitative terms throughout the national reports: IMR, CMR, MMR, prenatal and postnatal care, deliveries attended by trained health personnel, immunization, high-risk pregnancies, access to safe drinking water and sanitation, malnutrition, literacy and school enrolment.

222. The principal means identified in the national reports to implement these objectives and goals include the reallocation of the national budget so as to increase expenditures on the health sector; the construction of new facilities; more training of health personnel; improvement in the status of women (particularly women's literacy and educational attainment); greater non-governmental organization and private-sector participation; better coordination between programmes and services; the collection and analysis of more data; and the eradication of certain cultural practices that have a negative impact on the health of the population.

VI. FERTILITY

A. Introduction

223. The world's fertility level declined by more than 30 per cent between 1970 and 1990, from 4.7 to 3.2 children per woman. 5/ In the developing countries, the fertility rate decreased from 5.9 to 3.6 children per woman, a reduction of 39 per cent. The OECD member countries and Eastern Europe and the Commonwealth of Independent States experienced declines in their fertility rates from 2.4 and 2.0 respectively, to 1.8 children per woman. In some regions the reductions in fertility have been exceedingly rapid. For example, in Eastern Asia, TFRs declined by nearly 60 per cent between 1970 and 1990. However, in other regions fertility rates have declined only slightly, and in some parts of sub-Saharan Africa they actually rose.

224. Government positions regarding fertility levels have also changed over the past 20 years. Whereas formerly many developing countries had either pronatalist or *laissez-faire* positions on fertility regulation, the majority of developing countries at present are actively trying to reduce their fertility levels.

225. This chapter begins with a brief overview of the global and regional trends in fertility during the past 20 years. Trends in government positions regarding fertility regulation are then described, as are the main factors affecting

efforts to reduce fertility levels. The chapter concludes with the collective recommendations of the national reports regarding fertility.

B. Global outlook: 1970 to the present

226. Asia and Latin America and the Caribbean have experienced the most significant declines in fertility levels between 1970 and 1990, 44 per cent for both, while Africa has witnessed only a very small decline, 6 per cent. The TFRs for the OECD member countries and Eastern Europe and the Commonwealth of Independent States also decreased, by 25 per cent and 10 per cent respectively. Table 13 indicates weighted fertility rates for 1970 and 1990, as well as the percentage change.

Table 13. Total fertility rates, 1970 and 1990

Year	Africa	Asia	LAC	Developing countries	OECD member countries	Eastern Europe and CIS
1970	6.6	5.5	5.5	5.9	2.4	2.0
1990	6.2	3.1	3.1	3.6	1.8	1.8
Percentage change	-6	-44	-44	-39	-25	-10

227. The total fertility rate in Africa at present is twice as high as in Asia and Latin America, and three times as high as in the industrialized countries. However, the gap between the developing and the industrialized countries decreased in the past 20 years. In 1970, fertility levels were two-and-a-half times as high in developing countries as they were in industrialized countries, whereas in 1990 they were only twice as high.

228. Crude birth rates have also declined during the past two decades. Asia and Latin America and the Caribbean experienced the greatest decline in crude birth rates, 27 and 33 per cent respectively. Africa, on the other hand, witnessed only an 11 per cent decline in its crude birth rate, which remains substantially higher than the average for developing countries. The OECD member countries and the countries of Eastern Europe and the Commonwealth of Independent States also experienced significant declines in their crude birth rates. Table 14 indicates the crude birth rate figures for 1970 and 1990, and the percentage change.

Table 14. Crude birth rates, 1970 and 1990

(per 1,000 inhabitants)

Year	Africa	Asia	LAC	Developing countries	OECD member countries	Eastern Europe and CIS
1970	46.0	35.4	38.3	36.9	19.3	15.1
1990	41.0	26.0	25.6	27.9	15.9	13.1
Percentage change	-11	-27	-33	-24	-18	-11

C. Regional outlook: 1970 to the present

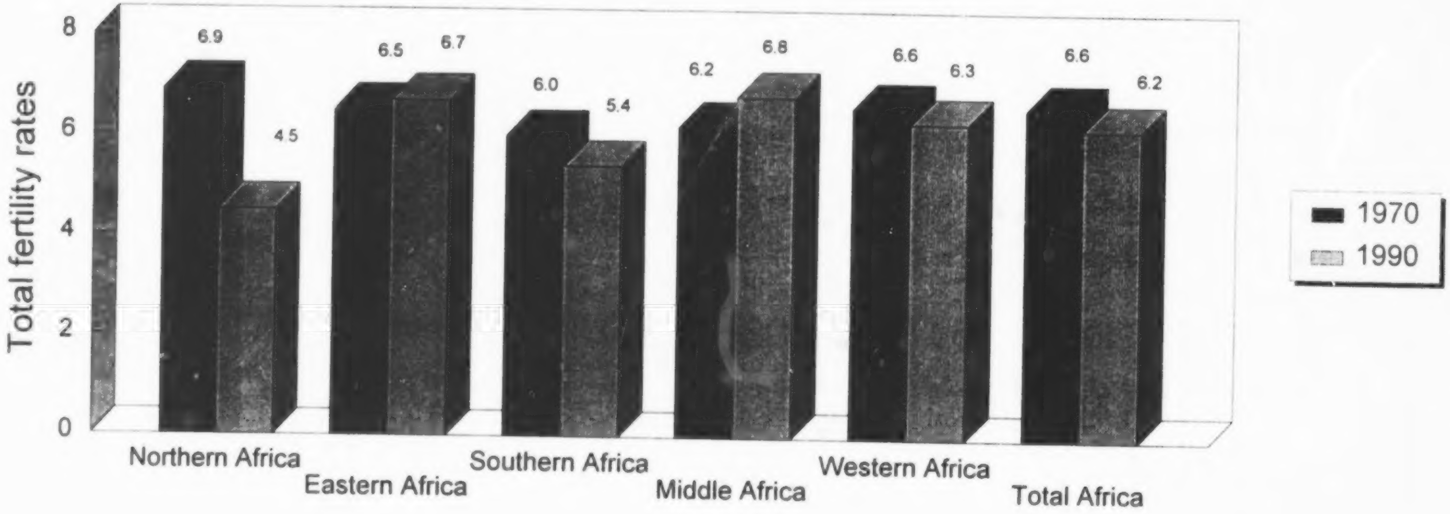
1. Africa

229. Fertility rate trends in Africa varied considerably between subregions. The TFR in Northern Africa declined from 6.9 children per woman in 1970 (the highest in Africa at that time) to 4.5 in 1990 (the lowest in Africa), a decline of 35 per cent. In contrast, the TFR of Middle Africa increased by 10 per cent, from 6.2 in 1970 to 6.8 in 1990. The TFR in Burundi increased from 5.9 to 6.7 during that period, and that of Ethiopia increased from 5.8 to 7.9. Angola recorded the highest TFR in the world in 1990, namely 8.9. Figure XII indicates the TFRs for the subregions of Africa in 1970 and 1990.

230. Contraceptive prevalence rates (CPRs) are still very low in most parts of Africa. CPR for Africa as a whole was only 15 per cent in 1990. In Middle Africa, less than 5 per cent of women in the reproductive age group currently use contraception. For example, CPR for Angola was only 2 per cent in 1990.

231. Two issues of particular concern related to fertility were raised in the national reports. Many countries expressed serious concern over the high and rising incidence of teenage pregnancy. This problem is common to almost all regions of the developing world and reaches very high proportions of total births in certain Latin American countries. In addition, the national reports of the Central African Republic and the Congo reported a high (and rising) number of sterile women. Approximately 20 per cent of women in the reproductive age group in those countries are currently sterile. To date, the causes for this phenomenon are still unknown.

Figure XII. Total fertility rates, Africa, 1970 and 1990

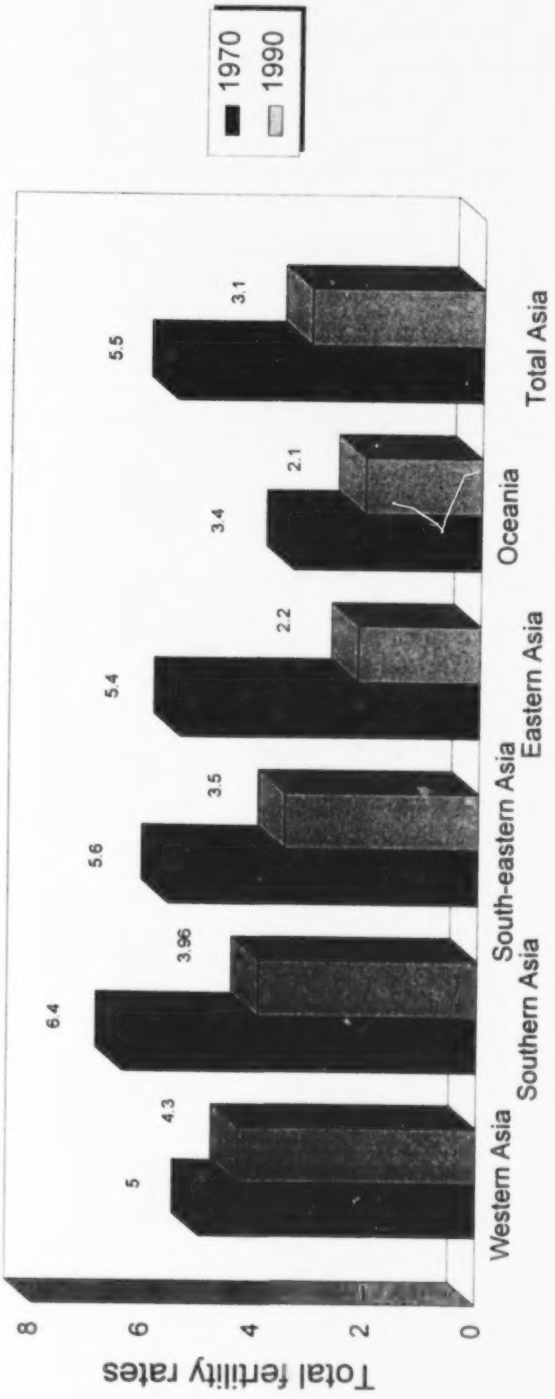


2. Asia

232. Asia is characterized by rapidly declining fertility rates. The fertility decline in Eastern Asia is unprecedented. Over a period of 20 years, Eastern Asia's TFR declined by almost 60 per cent, from 5.4 to 2.2 children per woman. China's impressive fertility declines were largely responsible for the performance of Eastern Asia. Other subregions such as South-eastern Asia and Southern Asia also recorded significant declines in fertility. Figure XIII shows the TFR for the different subregions of Asia in 1970 and 1990.

233. The fertility level in Oceania declined by 38 per cent, from 3.4 children per woman in 1970 to 2.1 in 1990. If Australia and New Zealand are excluded from this subregional average, the figures are 6.9 in 1970 and 4.7 in 1990, a reduction of 32 per cent. CPR rose by 164 per cent for Asia as a whole, from 19.5 per cent in 1970 to 51.4 per cent in 1990. The rapid expansion in CPRs is largely responsible for progress made by many Asian countries in reducing their fertility levels. For example, rising contraceptive prevalence rates were central to Thailand's fertility decline from 6.1 children per woman in 1970 to 2.4 in 1990.

Figure XIII. Total fertility rates, Asia, 1970 and 1990



3. Latin America and the Caribbean

234. The fertility levels in Latin America and the Caribbean have declined by 44 per cent since 1970. In general, the rate of fertility reduction was experienced relatively homogeneously across the subregions of Latin America and the Caribbean, ranging between 42 and 46 per cent (see figure XIV).

235. The TFR in the Caribbean was 2.8 children per woman in 1990. This average disguises diverse experiences among countries; the Dominican Republic had a TFR of 4.2, while Cuba's was 1.8. In Central America, the decline in fertility levels between 1970 and 1990 meant an average difference of 3 children less per woman. In 1970, women in Central America gave birth to almost 7 children (6.7), on average, whereas in 1990 this rate had declined to 3.6. Figure XIV shows the TFRs for the different subregions of Latin America and the Caribbean in 1970 and 1990.

236. Of women in the reproductive age group, 45 per cent are reported to use modern contraceptives. Nevertheless, nearly all countries in Latin America and the Caribbean experienced high rates of teenage pregnancies and induced abortions. In some countries, one fifth of all babies are born to mothers under 20 years of age. In Guatemala, 40 per cent of all mothers are below the age of 19. Guatemala also had the highest fertility rate (5.8) in the region in 1990. This rate disguises significant variation in fertility levels between urban and rural areas. In 1987, Guatemala's rural TFR ranged between 4.5 and 7.6, depending on household income levels, while the urban TFR ranged between 2.8 and 5.3.

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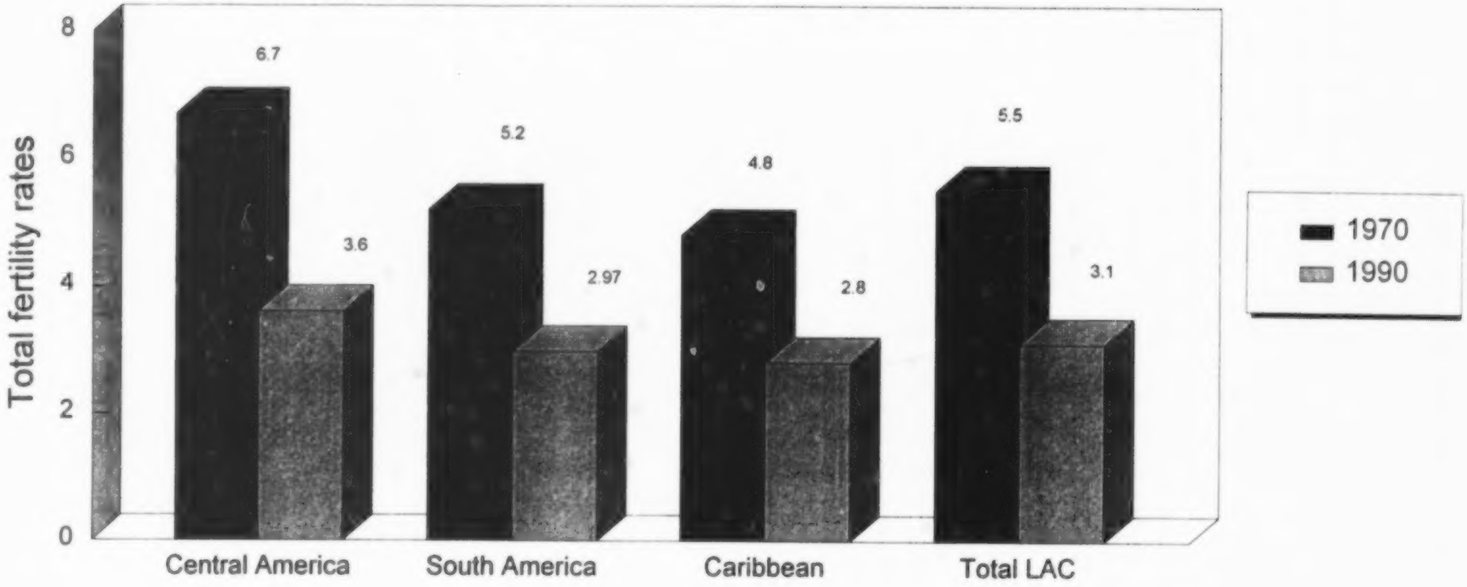
Figure XIV. Total fertility rates, Latin America and Caribbean, 1970 and 1990



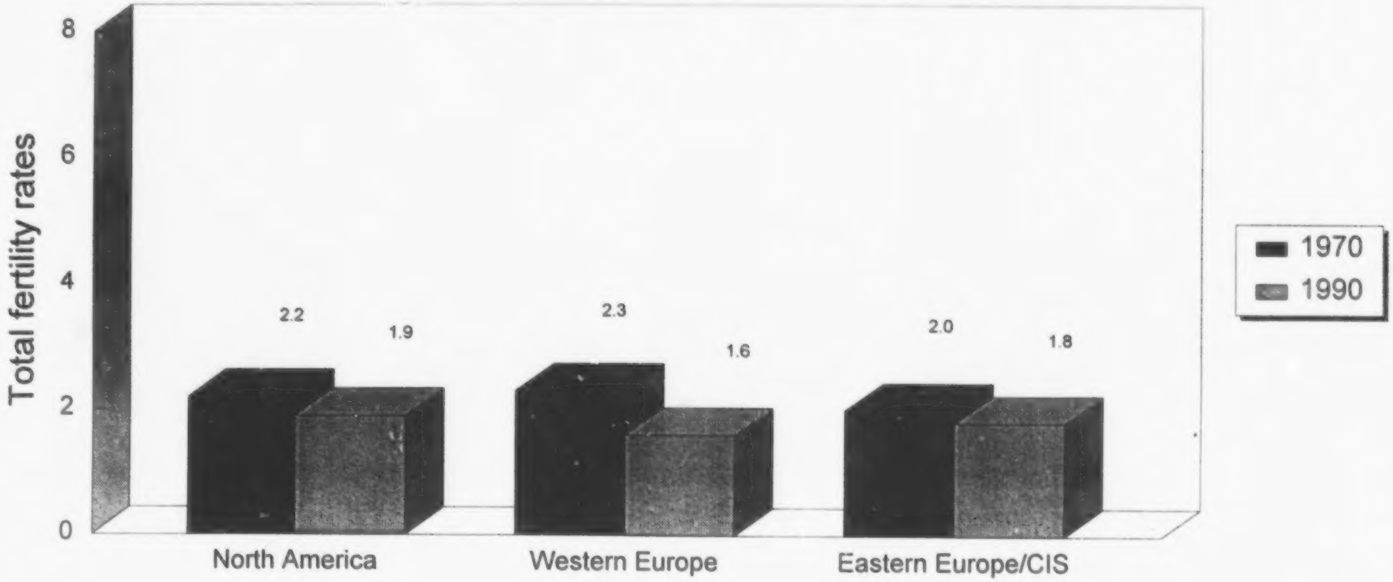
4. Industrialized countries

237. Since the mid-1970s, most industrialized countries experienced sub-replacement fertility levels. Western Europe witnessed the greatest decline in fertility levels between 1970 and 1990, followed by North America, and then Eastern Europe and the Commonwealth of Independent States. Some countries have had fertility rates below 2.1 children per woman for several decades already. In recent years, however, a slight increase in TFR levels has occurred in some of these countries. A good example is Sweden, where fertility rates dropped between 1970 and 1980, and subsequently rose to replacement level by 1990.

238. The TFR figures for Eastern Europe and the Commonwealth of Independent States do not show the very recent sharp drops in fertility rates that occurred in the early part of the 1990s as a result of the restructuring of the economies of those countries.

239. The TFRs for Western Europe, North America and Eastern Europe and the Commonwealth of Independent States are indicated in figure XV.

Figure XV. Total fertility rates, industrialized countries, 1970 and 1990



D. Trends in government positions regarding fertility levels

240. Prior to 1970, many developing countries had either pronatalist or laissez-faire positions towards their fertility levels. Since the late 1960s and early 1970s, many of these countries have begun to formulate policies and programmes to reduce population growth and/or improve the health of mothers and children by influencing fertility. Very few developing countries still have policies to increase their population growth rates.

241. The Asian and Latin American and Caribbean countries as a whole have held rather consistent positions over the past 20 years. Because of their rapid population growth, associated with the second phase of demographic transition, and their already high population densities in the late 1960s, many Asian countries have had policies and programmes to reduce fertility for 20 years or more. In recent years, some of those countries have altered their focus from achieving demographic targets to improving health status and human resource development.

242. Many African countries experienced a shift in position between 1970 and the present day; from pronatalism to fertility reduction. This change occurred primarily during the second half of the 1980s, prompted by health-related and economic reasons. Many of these countries have entered the second phase of the demographic transition during the past 20 years, thus adding to the urgency of population-related interventions. Also, their population densities are lower than in Asia, which may have contributed to their rather late preoccupation with fertility rates.

243. Many developing countries also follow a laissez-faire approach to fertility, such as certain Latin American and Caribbean countries. The consistency of laissez-faire positions over the past 20 years of many Latin American and Caribbean countries can be partially explained by the fact that many of these countries were already in the final stages of demographic transition in the late 1960s.

244. Although most industrialized countries have laissez-faire positions regarding their fertility levels, some experienced a shift towards policies encouraging higher levels of fertility. This change has been triggered by fertility rates that sunk below replacement level and continued to fall.

245. The reasons behind Governments' decisions to try to reduce fertility levels differ significantly between regions. Two principal rationales emerge from the national reports: health and socio-economic.

246. Many countries that have population policies and programmes aimed at influencing fertility levels justify their positions on the basis of improving the health of mothers and children, primarily through birth spacing. Most sub-Saharan African countries with population policies and programmes fall into this category.

247. A number of countries have population policies and programmes aimed at reducing population growth in order to facilitate socio-economic development. Most Asian and Latin American and Caribbean countries with population policies

and programmes fall into this category. A large number of countries combine both health and economic rationales in justifying their interventions to reduce fertility levels.

248. The implementation of population policies and programmes began differently in different countries, thus shaping the current configuration of responsibilities among the principal actors in the field. In some countries, population-related services began through private-sector and non-governmental organization activities, and only later were complemented by concerted Government interventions. In certain Latin American and Caribbean countries, reproductive health and family planning services continue to be dominated by the non-governmental sector. In other countries, such as India, the pioneering initiatives of non-governmental organizations and the private sector were, to a large extent, taken over by the Government in order to expand the scope of services (although the non-governmental sector remains strong). Most population policies and programmes in Asian countries, on the other hand, were originally introduced by Governments.

E. Main factors affecting efforts to reduce fertility levels

249. Since most national reports focused on policies and programmes aimed at reducing fertility levels, this section concentrates on the factors that have had the greatest impact on fertility reduction, both positive and negative.

1. Political commitment

250. The first and perhaps most important factor affecting efforts to reduce fertility levels is political commitment. The majority of the national reports stressed the direct link between fertility decline and degree of political commitment. For example, the national report of the Philippines stated that fertility decline was less rapid in the Philippines than its Association of South-East Asian Nations (ASEAN) neighbours during the 1980s partly because of the lack of political commitment of the previous administration.

251. A common indication of political commitment is often the existence of a national population policy. This is particularly the case when there has been a conscious change in position on the part of a Government. Other signs of political commitment include the configuration of population programmes; the legal framework; the degree of financial resources allocated to population-related programmes; the institutional structure; and the degree to which complementary activities of non-governmental organizations and the private sector are encouraged and facilitated. All of these factors are discussed in chapter III.

2. Programme design and implementation

252. Lack of access to family planning services is one of the prime reasons for persistent high fertility rates in many parts of the developing world, especially in rural areas. The integration of mother and child health care

programmes with family planning programmes has had a very positive impact on the implementation of the latter's activities. The majority of developing countries with population programmes in place have now integrated their MCH and FP services. The main advantages of this integration spring from the existing MCH facilities and networks that can be used for the distribution of family planning information and services. Better integration between MCH/FP programmes and the overall health system is also currently being pursued in some developing countries.

253. The quality of MCH/FP services certainly has a strong impact on the reduction in fertility levels. According to the national reports, there is a direct link between the quality of family planning services and both mortality and fertility rates. Essential in this regard are (a) the availability and affordability of a wide range of contraceptives (method mix); (b) the degree of qualification of (para)medical staff; and (c) the accessibility of services and information. Many reports also stress the importance of a good IEC strategy, particularly in the area of promoting "small family norms", in order to facilitate the acceptance of family planning information and services.

254. Another essential element for successful initiatives to reduce fertility is the availability and analysis of socio-demographic data. Many national reports stress the lack of adequate data and research expertise as major obstacles to the effective implementation and evaluation of population programmes.

255. Some countries have successfully integrated community involvement in the execution of population programmes through the training of local family planning fieldworkers and traditional birth attendants for community-based distribution of family planning information and services. These efforts have proven very important in reducing fertility levels. The involvement of religious leaders has also had a significant impact on the successful implementation of population policies and programmes.

256. Finally, the enhancement of private sector and non-governmental organization family planning and reproductive health activities has been instrumental in spreading family planning IEC and services, particularly at the local level. In many countries, these organizations are important contributors to population-related services. Efforts to encourage their work and to coordinate them with government activities have had very positive effects on the overall implementation of population-related objectives.

3. Socio-economic environment

257. Nearly all the national reports underlined that fertility rates decline when socio-economic conditions in a country improve. Poverty is frequently cited as one of the most important factors hindering the reduction of fertility rates.

258. The role and status of women is another critical factor influencing a country's efforts to reduce fertility levels. According to many national reports, there is a direct link between the low status of women and high levels

of fertility. Many reports also cited studies correlating women's educational attainment with fertility levels.

259. Another critical factor with direct impact on fertility levels is the age of girls when they marry. Many countries reported that fertility declines when the age of marriage rises. This can result from changes in legislation, or from keeping girls in school for longer periods of time, as well as from encouraging greater participation of women in the workforce.

260. Cultural values and tradition are critical factors in establishing the role and status of women, as well as in influencing the age of marriage for girls. In many countries fertility is highly valued by tradition and women tend to achieve status only by giving birth to large numbers of children. Also, the traditional role of men in family matters and reproduction is highlighted in many national reports as being of strong influence on the use of contraceptives.

261. The growing concentration of people in urban areas also has an impact on fertility levels. Greater availability of family planning information and services, the fact that urban women tend to reach higher levels of education than rural women, and the sometimes attenuated impact of culture and tradition in certain urban areas, all seem to contribute to fertility reduction.

262. The geography and geomorphology of a country can also influence its fertility levels during the early stages of development. Island States such as Indonesia, the Philippines and others faced considerable difficulties in extending services and information to populations on remote islands. Mountainous areas also pose difficulties for Governments in terms of accessibility of services.

F. Goals and objectives

263. The vast majority of national reports from developing countries stated goals and objectives to reduce fertility levels. Although most appeared in the form of qualitative objectives, some quantitative goals were also described.

1. Quantitative fertility goals

264. Quantitative fertility goals to be reached by the year 2000 were stated in 20 national reports and 6 reports cited similar goals for the year 2015 (see table 15). These goals were expressed in terms of reductions in TFRs and increases in CPRs and percentage of the population with access to family planning information and services. Of the 20 countries that stated quantitative fertility goals, 6 were from Africa, 8 from Asia, 4 from the Latin American and Caribbean region, and 2 were from Oceania.

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Table 15. National fertility goals

(as cited in the national reports)

Countries	Total Fertility Rate				Contraceptive prevalence rate			
	2000		2015		2000		2015	
	Goal	Percentage reduction*	Goal	Percentage reduction*	Goal	Percentage increase*	Goal	Percentage increase*
Bangladesh	2.2(05)	48.1			70(05)	75		
Benin					6.5	225		
Bolivia			3.5(10)	30				
Botswana					50	66.7		
Burkina Faso					60(05)	852.4		
Burundi			4(10)	40.3			35(10)	775
Central African Rep.			5.5	8.3				
China	2.0	13.4						
Comoros							20(10)	426.3
Congo					30	900		
Egypt					50(96)	6.2		
Ethiopia			4(20)	49.4				
Ghana	5.9	7.8						
Grenada	2.1	40						
Honduras	3.8	25.5						
Indonesia	2.1(05)	36.4						
Kenya	5.2	3.7			40	21.2		
Kiribati					35(97)	34.6		
Liberia					15.0	87.5		
Malawi	6(98)	21.1			15(98)	114.2		
Micronesia	5	23.1						
Myanmar	2.1	41.7						
Nepal	4.5(97)	22.4			37.7	57.1		
Niger					40 - 8	166.7		
Pakistan	5.4(98)	15.6			24(98)	71.4		
Peru							75(20)	33.9
Rwanda	4	42.0			48.4	227.0		
Senegal					20	100	40(10)	300
Solomon Islands	3.5	45.3						

Countries	Total Fertility Rate				Contraceptive prevalence rate			
	2000		2015		2000		2015	
	Goal	Percentage reduction*	Goal	Percentage reduction*	Goal	Percentage increase*	Goal	Percentage increase*
Sri Lanka	2.1	16			72	11.8		
Saint Vincent & the Grenadines	2.4	14.3			50/75 **			
Togo					15	400		
Trinadad & Tobago	2.1	12.5						
Uganda	6.5	8.5	5.7(21)	19.7				
Viet Nam	2.8/2.9	26.3	2.1	44.7	67.5	37.8		
Zimbabwe	3.0 (96)	44.4			48(96)	11.6		

Note. Bracketed figures indicate alternative year for reaching the target (e.g., 10 refers to the year 2010).

* From 1990.

** Rural/urban.

265. It is interesting to note that 7 of those 20 countries stated the intention of reaching replacement level fertility. Those 7 countries are in Asia and Latin America and the Caribbean. For instance, Bangladesh has set replacement-level fertility as its goal for the year 2005, a reduction of half its current fertility rate. Viet Nam intends to reach replacement-level fertility between 2010 and 2015. In addition to these 7 countries, 8 more countries plan to reduce fertility by 20 per cent or more by the year 2000.

266. National reports from 20 countries also cited CPR goals for the years 2000 or 2015. Of those countries, 13 are in Africa, 5 are in Asia, 1 is in the Caribbean and 1 is in Oceania. Some of these countries have set very ambitious targets for themselves. For example, the Congo intends to achieve a ninefold increase in its current CPR by the year 2000. Burkina Faso wants to achieve an increase of 8.5 times its current CPR. And Burundi aims at achieving an eightfold increase in its CPR between 1990 and 2010.

267. Only a few national reports stated quantitative fertility goals other than TFR and CPR. These related to population access rates to family planning information and services. Ghana, for instance, plans to make family planning services available and affordable to at least 50 per cent of all adults in the reproductive age group by the year 2000.

268. It should be noted that several reports from the countries of Eastern Europe and the Commonwealth of Independent States stated the goal of raising current fertility levels to replacement level during the next 10 to 15 years.

2. Qualitative fertility objectives

269. Numerous national reports cited qualitative objectives with regard to fertility reduction. These include both general and programme-related objectives. Regarding the former, the main objective stated is to reduce fertility. The most frequently cited programme objectives in this regard were (a) improving and/or expanding MCH/FP services; (b) improving and/or expanding IEC programmes; and (c) improving the role and status of women.

270. Other related objectives cited in some national reports were upgrading of family planning clinics in terms of better trained personnel and facilities; improving the management of family planning programmes; reducing the number of high-risk pregnancies by reducing teenage pregnancies and pregnancies of women over 35 years of age; and reducing infertility.

271. The principal means described in the national reports to achieve these goals and objectives were:

(a) Expanding/improving MCH/FP programmes through:

(i) Training and human resource development;

(ii) Formulation of programmes for special target groups;

(iii) Increasing government expenditures on population programmes;

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(iv) Improving the cost-effectiveness of family planning programmes;

(v) The introduction of cost-recovery schemes;

(vi) The expansion of family planning services to under-served areas, particularly the rural areas;

(vii) Diversification of available forms of contraception;

(viii) Improvement of data collection and analysis;

(ix) Greater participation of non-governmental organizations and the private sector;

(x) Better integration between family planning and MCH programmes;

(xi) Better coordination among different organizations and donors involved in programme implementation.

(b) Expanding and improving IEC programmes through:

(i) Training and human resource development;

(ii) The inclusion of population education in school curricula;

(iii) The promotion of the small family norm;

(iv) Research on new and appropriate communication strategies.

272. The principal means of raising the status of women are discussed at the end of chapter VII. Other means cited to achieve fertility goals and objectives were the integration of population goals and strategies into national development planning and the formulation of population policies.

VII. THE ROLE AND STATUS OF WOMEN

A. Introduction

273. A common thread runs through all the national reports, that is, the central and pivotal role of women. This role is cited as fundamental to the development process and vital to the success of population-related initiatives. Yet, the status and condition of women is often very low, and always lower than that of men, thus hindering their potential contribution to the development process. Collectively, the national reports highlight this gap between rhetoric on the one hand and practice on the other. They also indicate the key interventions required to improve the situation of women, thus facilitating the achievement of population and development objectives.

274. This chapter begins with an assessment of the trends and causes of the current status and condition of women on a regional basis. The second part of the chapter focuses on women's institutions, legislation for the protection and

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advancement of women, and policies and programmes to promote women. The chapter concludes with recommendations by the developing countries to improve the situation of women.

275. Since chapter V deals with women's fertility and reproductive health issues, this chapter concentrates on the status of women. Health and fertility issues are included only with regard to their impact upon women's role and status.

B. Trends and causes

1. Africa

276. The majority of the African national reports attributed the low status of women to several causal factors, of which the most powerful was tradition. In many African countries, cultural perceptions confer prestige to women who have large numbers of children. Women are therefore valued for marriage and fertility. Men are considered the head of the family and most decisions are taken by them. Customary laws treat women as minors, restricting their rights to own property and to inheritance. In some countries, written consent from the husband must be obtained before a woman can obtain employment. Men usually control allocation of land and the income-generating activities of the family. In many cases, gender inequality is such an integral part of the socio-cultural fabric of society that it transcends age, class, social, political and economic structures.

277. These cultural norms impose and maintain a powerful hold on the status and condition of women. Attempts to instigate change meet with obstacles from all sides. Men, the principal beneficiaries of the status quo, are generally very negative towards the emancipation of women. The same applies to the elderly; the pillars of tradition. The situation is compounded by the often passive attitudes of women, either for reasons of fear or fatalism, or simply because they are not aware of viable alternatives.

278. Because of cultural norms and perceptions, women and girls often suffer from low educational attainment, both in absolute and relative terms. Literacy rates, as well as primary and secondary enrolment and retention rates, are often lower for girls than for boys. In addition, the drop-out rate for girls is much higher than for boys. The reasons for this situation, as described in the national reports, are the higher opportunity cost of the time of girls; parental attitudes biased in favour of the education of boys; peer pressure; attitudes of teachers biased in favour of boys; lack of guidance for girls; early marriages; and early pregnancies. Low educational status almost inevitably limits an African woman's economic opportunities and self-development.

279. Cultural norms also influence a woman's fertility, over which many women have little control. For reasons of cultural norm, most African women marry very young and have their first child before the age of 20. During the average women's reproductive life, she will bear approximately six children, with short intervals between births. In addition, several of her pregnancies are likely to be unwanted, since she is not permitted to make decisions regarding

contraception, and her husband or partner is ignorant about avoiding unwanted pregnancies. Hence, abortion is frequently resorted to, often resulting in serious health problems and even death. Information about fertility regulation is often taboo, so discussions on it are shrouded in secrecy and fraught with misinformation.

280. The most extreme example of society presiding over women's reproductive rights is in female genital mutilation, which several African national reports cited as a continuing problem despite national legislation banning the practice.

281. Low educational attainment, large numbers of children, time-consuming household duties and cultural norms all hinder women from participating in the labour force. Those women who do manage to obtain and keep jobs generally find themselves working either in the informal sector or in low-status positions, and in occupations traditionally held by women (clerks, agro-based industries, etc.). Very few women participate in the formal wage sector, and those who do are not likely to obtain positions at decision-making levels, nor in the more prestigious professions. Very few women participate in the civil service and in political affairs. Thus, women's participation in the workforce is characterized by lack of opportunities, inequality with regards to status and salary level, and the dual responsibilities of work and household duties.

282. The above paragraphs present the general situation of women in Africa as a whole. Inevitably they hide great differences between and within countries. For example, the primary school enrolment rate for girls was close to 100 per cent in Gabon in 1990, while in Mali the rate was only 16.4 (in 1987). Similarly, only 15 per cent of women participate in the formal wage sector in Malawi, while the figure is much higher in Benin (where, for example, 90 per cent of the workforce in trade are women). In the north of Nigeria, 50 per cent of teenage girls begin child-bearing before the age of 20, while in the south the corresponding figure is only 14 per cent. Wide divergences also exist between women living in differing circumstances. For example, TFR in Senegal is 5.7 for women with no education and 3.8 for women with secondary education or more.

283. The above-mentioned characteristics of African women intermingle with other factors, creating vicious circles from which it is exceedingly difficult to escape. For example, the national reports generally attributed high fertility levels to early/universal marriage, low levels of contraceptive use, insufficient breast-feeding periods and short birth intervals, as well as to pronatalist cultural norms and the low status of women. Conversely, the low status of women is considered at least partially responsible for high levels of fertility. In fact, in the more developed African countries, which have already succeeded in reducing fertility levels, improving the status of women is perceived as an untapped potential for further fertility decline. It is clear from the national reports that as long as high levels of fertility persist, only small, incremental improvement in the status of women can be expected.

284. Although many African countries still have serious problems to face regarding the status and condition of women, significant progress has been made in a number of countries. For example, in Botswana the percentage of educated women is now greater than the percentage of educated men. In Madagascar, the

percentage of women participating in the public sector increased from 20 per cent in 1977 to 43 per cent in 1987, a span of a mere 10 years. And in Lesotho, the literacy rate is 20 per cent higher for women than for men, and over 50 per cent of formal jobs in both the public and private sectors are held by women (although the positions occupied by women are predominantly lower than those held by men). These examples indicate that in some countries women's concerns have moved to new levels, i.e., secondary instead of primary education, and level of position rather than access to the formal job market.

285. Certain changes are also emerging in family structures, despite the tenacious hold of the status quo. A significant number of national reports document an increasing number of female-headed households (especially in urban areas). Sometimes this is caused because of the breakup of parents or because economic necessity demands the long-term absence of the father. In other instances, natural calamities or civil unrest are the causes. For whatever reasons, this trend represents a clear divergence from the cultural norm. Although its short-term consequences for women are far from beneficial, in the long term it may forge new perspectives within society, thereby opening up future avenues of opportunity for women.

286. Several other issues that have a negative impact on women's status and condition were raised in the African national reports:

(a) Recurrent natural calamities and war have caused large-scale migration flows in several countries, and concern was expressed for the status and condition of migrant women;

(b) Large-scale migration can also result in skewed sex ratios within particular regions, which have reinforced certain cultural practices such as polygamy;

(c) Several countries undergoing structural adjustment programmes expressed concern over the impact of those programmes on women. Some reports say that the fragile progress for women made to date is being eroded by the hardships imposed by the those programmes on the most vulnerable members of society, often women;

(d) Certain African countries also expressed concern for women in the workplace who inadvertently become victims of modernization. Either the industries they work in are overhauled or the processes they dominate become mechanized, leaving them unemployed.

2. Asia

287. The Asian experience is marked by greater than average diversity with regard to the impact of cultural traditions on the lives of women. In some countries (for example, Nepal and the Lao People's Democratic Republic), there are no particular cultural or traditional barriers to women. Women are entitled to land and property ownership in the same way as men. Women are often the main decision makers in the household. Daughters inherit family property and, once married, the husband often moves to the wife's family. Although there is

still a gender literacy rate differential, the gap is less wide in those two countries than the Asian average. This is not to say that women are on an equal standing with men in all spheres. However, cultural norms place fewer barriers in their way, at least at the family level.

288. At the other end of the spectrum, cultural practices in parts of India, Pakistan and Bangladesh inflict high levels of discrimination against women. The most blatant example of this discrimination begins before a girl child is even born. Boy-child preference is so pronounced that prenatal sex determination often leads to the abortion of female fetuses. When such technology is not used, girl babies sometimes risk death at the hands of their disappointed parents who feel they cannot afford them. Although less violent, cultural discrimination goes on to haunt girl children as they mature, and they inevitably receive differential treatment with regard to health, nutrition and education. In some areas, the enrolment of girls in primary school is half that of boys. Not surprisingly, the female drop-out rate is very high and the female literacy rate very low. Early marriages and early childbirth are the norm.

289. Cultural practices in certain countries condemn women to live in seclusion and isolation from the rest of society. In the case of rural women, cultural inhibitions usually restrict her participation in paid work outside the home. Women's participation in the modern economy is restricted (except for certain industries traditionally occupied by women, such as textiles, weaving, apparel, fish processing, tea, etc.).

290. Certain countries and regions have made encouraging progress with regard to improving the status and condition of women. For example, a conscious political decision made in Sri Lanka some 20 years ago to raise the status and condition of women has led to encouraging results today. Sri Lankan women currently enjoy better than average conditions compared to the rest of Asia: the average marriage age in Sri Lanka was 24.8 in 1987, and school enrolment rates for children aged 5 to 14 were the same for boys and girls. The rise in educational attainment of Sri Lankan women is considered the single most important factor contributing to fertility decline.

291. In Indonesia, a rise in the age of marriage was achieved as a result of improvements in female education and increased participation of women in the labour force. Nevertheless, maternal mortality and malnutrition is still considered too high, and women's employment status, productivity and pay levels are lower than those of men. Furthermore, 60 per cent of working females are in the informal sector.

292. The status of women in the Pacific Islands varies greatly from one island State to another. In Tuvalu, women form one third of the formal employment sector, while in Solomon Islands, the equivalent figure is half. In several island States, the role of women is modest in social, political and economic affairs, while in Western Samoa women traditionally have a strong say in family matters, government and business.

293. As in Africa, the number of female-headed households in Asia is on the rise. In many of the South-East Asian and South Asian countries, migrant labourers spend years oversees, leaving their wives to manage the family at

home. In Nepal, a large number of men in the productive age bracket leave their native villages and towns in search of employment, leaving behind their wives and families. In certain Western Asian countries, war has meant an increase in the number of widows, raising the number of female-headed households.

3. Latin America and the Caribbean

294. The national reports of Central and South America highlight many of the same phenomena and issues as those from other developing countries, i.e., low status of women engrained in the socio-cultural milieu; high level of teenage pregnancy; low educational attainment; rising number of female-headed households; unequal participation in the formal economy; exclusion of women from political power, etc.

295. Several fundamental correlations were made in the reports from the Latin American and Caribbean countries between different factors affecting the situation of women. As in the national reports from other developing countries, those from Latin America and the Caribbean cited the correlation between fertility and the following factors: rural versus urban milieu; regions; level of educational attainment; participation in the labour force; and income level. However, in some cases the reports from Latin America and the Caribbean took the correlations a little further. For example, with regard to fertility correlations between poverty and rural/urban milieus, some of the reports stated that the former category overrode the latter. For example, an urban poor woman is predisposed to higher fertility than a rural middle class woman. In Guatemala, the difference between fertility rates of the urban poor and the urban rich is almost twice, 5.3 compared to 2.8. Another correlation drawn was between female-headed households and poverty. For example, one third of the poorest households in Colombia are headed by women. This indicates the vulnerable position of women, particularly in countries with severe budgetary constraints which are undergoing reductions in public expenditures.

296. The result of all these forces working together is several intertwining vicious circles which collectively reinforce the transmission of inter-generational poverty. That is, low-income families often have large numbers of children which requires welfare assistance and begets second generation low-income families; the low status of women in society leads to low educational attainment for women who tend to have large numbers of children, which makes it difficult for them to rise above their low-income status.

297. Two elements of particular concern in the reports were the rising number of adolescent pregnancies and the rising incidence of violence against women. For example, 40 per cent of all mothers are under 19 years of age in Guatemala. Similarly high figures were cited in a number of other Latin American and Caribbean countries. With regard to violence against women, the topic was mentioned by several countries, but not expounded on.

298. Certain marginal groups of women were highlighted as being particularly vulnerable to low status and poverty. In Brazil, for example, these marginal groups included black women, elderly women and migrant women.

299. Although the Caribbean national reports cited problems similar to those cited by other developing countries, they emphasized that the situation of women in relation to men has improved. Unfortunately, some of those improvements are being undermined by the decline in the tourism industry resulting from the world recession. This situation adds to the already high number of women emigrants of working age.

4. Industrialized countries

300. Although women enjoy considerably higher status and more equality in the industrialized countries than in most developing countries, several characteristics between both groups are still shared, albeit to different degrees. These common features include:

(a) The rising number of female-headed households;

(b) Legislation to protect the rights of women that is neither universally respected nor enforced;

(c) Lower status and salary levels than men in the formal workforce;

(d) The large number of women in the informal sector;

(e) Underrepresentation of women in politics and decision-making positions.

301. However, whereas women play a key role in facilitating the decline in population growth rates and in achieving development objectives in developing countries, these goals have for the most part already been achieved in the industrialized countries. The role of women in those countries is therefore quite different.

302. Given the high participation of women in the labour forces of industrialized countries, an obvious role of women in those societies is economic. Almost all the national reports from these countries indicated that women constitute approximately 50 per cent of their workforce, while in some countries the portion of women in the workforce is higher than men. In some cases, this phenomenon has been relatively recent. For example, in Portugal the percentage of females in the labour force grew from 21.3 per cent to 43.7 per cent during the past 20 years. However, in most countries this situation has existed for some time. Although women are still underrepresented in the decision-making and political spheres, and salary differentials persist between the sexes, the overall contribution of women to national income in those countries is substantial.

303. The reproductive role of women is a source of concern among industrialized countries, but for reasons diametrically opposite to those of developing countries. The fertility rates of almost all industrialized countries have currently stabilized at sub-replacement level rates, and although immigration often makes up for this decline in terms of the overall population growth rate, the issue is still one of serious concern for these countries. Although family

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policies and programmes in these countries are generally aimed at facilitating women's free choice of lifestyle, there is also an element of encouragement for women to have more children. Some countries actually include open incentives for women to have more children.

304. Apart from these main roles for women in the industrialized countries, concerns regarding the role of the traditional family unit and its current decline have begun to overshadow concerns of women.

(a) OECD member countries

305. Three quarters of the national reports from industrialized countries did not deal directly with the topic of women. Instead, women's issues were covered indirectly through sections on family structure, social protection and labour market participation.

306. A dominant theme throughout the reports from industrialized countries was the pluralization of household and family structures: the weakening of the marriage institution, exhibited by fewer couples deciding to get married and by the rising percentage of marriages that terminate in divorce; and the rise in single-parent households, most of them female-headed. The changing family structure is also a reflection of the ageing of the population. The family structure of the United States of America highlights the emergence of new family norms. The largest portion of households in the United States currently consist of a married couple whose children have already left home. Although the traditional family structure of two parents with children is still in second place, it is expected to be replaced in the near future by the expanding number of single-parent households, currently in third place.

307. In some industrialized countries, teenage pregnancies are on the rise. For example, in the United States, teenage pregnancies, that had previously been in decline, were higher in 1991 than in any year since 1972. In fact, teenage pregnancies rose by 7 per cent between 1990 and 1991.

308. Several industrialized countries with indigenous groups cited a difference in the demographic profiles between ethnic components of the population and the mainstream. In this context, the additional barriers to economic integration faced by indigenous groups was highlighted.

309. As in the Latin American and Caribbean region, violence against women was raised in some of the industrialized countries' national reports. Various attempts are being made to try to deal with the problem. For example, in Canada a four-year initiative was launched in 1991 to mobilize individuals and communities to prevent violence against women and, by forming partnerships, to improve the capacity of the health, social services and justice systems to help victims and stop offenders. Those initiatives included establishing shelters for abused women, sharing resources and knowledge, and creating a database on the extent of violence.

(b) Eastern Europe and the Commonwealth of Independent States

310. Like the OECD member countries, most of the national reports from Eastern Europe and the Commonwealth of Independent States did not directly address the status and condition of women. Those that did, invariably divided their analysis into two principal periods: before and after independence from the former Soviet Union. Whereas the former trends are relatively easy to interpret, the latter create analytical difficulties as a result of many unknown factors concerning the outcome and timing of the transition period.

311. Although one of the achievements of the socialist world was the high participation of women in the workforce, that achievement veiled inherent inequalities in the system. In spite of the high participation rate, women's jobs tended to be of an auxiliary nature and they lagged behind men in developing their skills and their professional careers, as well as in political and social activity.

312. Since independence, major transitions on the political, economic and social fronts have caused dramatic changes for the people as a whole, and for women in particular: fertility rates have declined; the average age of marriage has risen and the overall number of marriages has declined; the number of divorces has risen (in the Russian Federation, one in three marriages ends in divorce); teenage pregnancies are on the rise; births out of wedlock rose significantly in the 1990s; women's health and nutritional standards have declined; and, in some countries there has been a decline in life expectancy for both women and men.

313. In addition, women have usually been the first to lose their jobs. In the Russian Federation, 70 per cent of the unemployed in 1993 were women (nearly half of whom had small children to raise). In the Ukraine, 8 out of 10 unemployed are women. Even when women manage to keep their jobs, their situation is exacerbated by the closure of pre-schools and crèches because of budgetary cut-backs. In many instances, this makes it impossible for women to go on working. Work conditions for women are often extremely arduous: in the Russian industrial sector, nearly 40 per cent of night-shift workers are women, and nearly 80 per cent of working women are involved in manual labour. Frequent breaches of legislation and regulations protecting women in the workplace render the regulatory framework ineffective.

314. Housing constraints also pose major obstacles in some countries for young couples, who lack any prospect of obtaining a separate dwelling place within a reasonable time-frame. This has a direct impact on household configurations and fertility.

315. In conjunction with the hardships of transition, women are currently struggling with a resurgence of patriarchal attitudes in society. One of the national reports regretted that the problems of women were often considered of minor importance, so they were put aside for future consideration.

C. Policies and programmes, legislation and institutions

1. Women in development policies and programmes: lessons learned

316. Although programmes to develop the status and condition of women have existed for some time, national women's policies are a relatively recent phenomenon in developing countries, dating back only to the late 1980s and, in some cases, early 1990s. Although the national reports do not provide enough information on women's programmes to ascertain a global picture of the strategies that have been or are being attempted, they do provide some interesting lessons learned.

(a) Africa

317. In general, national programmes to develop the status and condition of women in Africa have had disappointing results, from which several lessons can be drawn. Firstly, there is a lack of data on women, and women's productive activities are often not visible or accounted for. For example, although it is known that African women often undertake small-scale, informal income-generating activities parallel to their household duties, this is not included in the national accounts. Similarly, the portion of public social and other expenditures spent on women is largely unknown.

318. Secondly, of the programmes that have yielded satisfactory results, it appears that a key ingredient to their success can be traced to women's involvement and participation at all stages of programme design and implementation. This type of grass-roots approach has led to the success of very different types of women's programmes, from community credit schemes for women to local non-governmental organization initiatives to expand women's literacy and vocational skills. Because of the success of those initiatives, non-governmental organizations have expanded their activities for women. For example, two non-governmental organizations in Cameroon, the Association of Women Enterprise Heads and the Association of Women Lawyers, have been established to promote the professional advancement of women in the formal sector.

319. Thirdly, the African national reports highlight the negative impact of macroeconomic stabilization and structural adjustment programmes on women. Since women are often the most vulnerable group in society, they are usually the first to suffer during periods of public expenditure curtailment.

(b) Asia

320. Female illiteracy was cited as the major obstacle to the advancement of women in Asia. Therefore, many policies and programmes exist for the improvement of women's educational attainment. Some examples of such programmes include the introduction of compulsory education for both sexes, free education for girls up to a certain level in non-municipal areas, food for education, satellite schools in rural areas and scholarship programmes for female students.

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321. Many Asian countries have also instigated programmes to integrate women into the formal economy. For example, in Bangladesh the Government has reserved a 15 per cent quota for women in the public sector and has established working women's hostels and day-care centres for children of working women.

322. In countries with traditional boy-child preferences, Governments are experimenting with means of enhancing the value of the girl child. For example, in Tamil Nadu state in India, bonds of 100 rupees are issued to parents with one or more girl children and no sons. The bonds are issued in the name of the girl child upon birth. After a maturity period of 20 years, the value of the bond increases to about 20,000 rupees.

323. Like the African national reports, the Asian reports recognize that macroeconomic structural adjustment programmes have a negative impact on women. This is because the fragile achievements in the area of gender equality tend to be undermined with public expenditure cut-backs. Women are also identified as particularly vulnerable during the process of modernization. For example, in the fishing industry in Maldives, many women have lost their jobs because of mechanization.

324. Well-targeted programmes tend to have better results than those that mix a wide range of beneficiaries. For example, in Western Samoa, a non-governmental organization called "Women in Business" has played an important role in promoting business and management skills among women to help raise their income-generating capacity and their status in the formal job market.

(c) Latin America and the Caribbean

325. The programmes and principal agents working to improve the status and condition of women in the Latin American and Caribbean region varies greatly from country to country. For example, in Belize the Government has developed gender-sensitive education programmes to upgrade women's status in society, complemented by surveys on sexual harassment, gender stereotyping in the media, and the problems of young adults. In Honduras, although certain government programmes exist that indirectly affect women, such as the social investment fund, which has a component to assist "fatherless families", the bulk of the women's programmes are undertaken by non-governmental organizations. This is also the case in Brazil, where a large number of independent associations and non-governmental organizations have been formed throughout the country to address women's concerns, ranging from access to contraceptives, employment opportunities, income differential between men and women, education for women and addressing the needs of special vulnerable groups such as black women, elderly women and migrant women.

326. There is general consensus in the reports from Latin America and the Caribbean that women need to be more active in the labour force. Attempts to address this problem focus mainly on education: increasing female enrolment, literacy programmes for women and the provision of better schooling for girls.

327. Despite few resources, private and public organizations for women at the local level have carried out quite successful actions towards reducing poverty among women and improving their reproductive health.

328. In the Caribbean, a number of programme approaches have been attempted to address women's issues: the promotion of the notion of comparable worth; addressing cases of sexism and sexual harassment; educating women in, and preparing them for, employment in non-traditional occupations; and creating new and additional employment opportunities for women.

(d) Industrialized countries

329. The women's programmes described in the national reports from the industrialized countries focused mainly on family policy/programmes aimed at facilitating women's participation in the labour force. Programmes to assist low-income, female-headed households were also described in connection with welfare programmes. Other programmes for special target groups and women with special problems, such as battered women, were also described.

330. Although an impressive array of policies and programmes existed in Eastern Europe and the Commonwealth of Independent States prior to their independence from the former Soviet Union, the national reports from those countries do not indicate any current policies or programmes to help address the needs of women, whose status and well-being are being eroded.

2. Legislation

331. The information provided in the complementary information forms allowed the Conference secretariat to ascertain an approximation of the current status of women's issues addressed in the regulatory framework of countries around the world.

332. Judging from table 16, it appears that the legal framework required to improve the status and condition of women already exists to a large extent. The problem, as cited in numerous national reports, is adherence to, and enforcement of, the legislation. Frequently, customary laws and norms contradict the modern legal framework, with the former presiding in practice. Another reason for poor compliance is that implementing regulations for the legislation are frequently not well developed or are difficult to enforce.

Table 16. Gender bias in national legislation

(Percentage, based on the number of developing countries that specified this information in their national reports)

Region	No. of years mandatory schooling			Land/property ownership rights			Inheritance rights			Protection/ promotion of women in the labour force		Voting rights		Maternity leave	
	Same	Less	No laws	Same	Less	No laws	Same	Less	No laws	Yes	No	Same	Less	Yes	No
Africa (N=19)	79		21	65	22	13	65	20	15	85	15	100		95	5
Asia (N=13)	77		23	92	8		77	15	8	92	8	91	9	100	
LAC (N=12)	83	8	8	91		9	90		10	100		100		100	
OECD (N=10)	100			100			100			100		100		100	
Eastern Europe and CIS (N=4)	100			100			100			100		100		100	

Note: Information is based on complementary information form No. 2. It indicates the percentage of countries per region (a) whose legislation is the same for men and women or less favourable for women, and (b) that have special provisions for women (indicated by yes/no). It also indicates the percentage of countries that do not have legislation in the above-mentioned areas.

/...

(a) Africa

333. According to the African national reports, the laws most commonly in place are those protecting women in marriage and divorce; and those establishing non-discriminatory regulations for employment.

334. Several reports called for a revision of existing laws, especially with regard to raising the legal age of marriage for girls, providing more rights for women regarding divorce, greater family rights, including inheritance and ownership of property by women.

335. Certain African national reports stated very frankly that ratification of international conventions and passing of national legislation establishing the rights of women and protecting them from various forms of discrimination had not improved the situation for women. Lack of knowledge of the laws, poor compliance with them, and lack of enforcement mechanisms have meant that the intended impact on the status and condition of women has not been achieved.

(b) Asia

336. The national reports indicated that many Asian countries were still working towards improving gender equity in their national legislation. As in the African reports, it was noted that despite an impressive array of national legislation and constitutional provisions granting equal rights for both sexes, women continued to have a lower status than men in employment, income, education, health care, nutrition and skills development. Legislation regarding the minimum age of marriage was also frequently ignored.

337. The areas cited that required immediate attention were establishment of policy guidelines for the implementation of legislation guaranteeing equal opportunities and protection in the workplace (protection against exploitation and against the risk of losing a job because of pregnancy) and raising the legal minimum age of marriage for girls in certain countries.

(c) Latin America and the Caribbean

338. Legislation for the protection and advancement of women in Latin America and the Caribbean is, for the most part, very well developed. For example, the legal framework for women covers a broad array of family and work rights in Cuba and Brazil. In the latter case, women's groups lobbied hard and succeeded in having their rights incorporated into the Constitution.

339. The countries in Latin America and the Caribbean that already had the legal framework in place, have in many cases moved on to the next phase, i.e., ensuring that women take advantage of their rights. For example in Grenada, the women in development strategy includes setting up legal services to inform and counsel women on their legal rights and help them with legal problems.

(d) Industrialized countries

340. The legal framework for women in industrialized countries is very broad and comprehensive. Although women are generally more aware of their rights in

industrialized countries than in developing countries, which contributes to better adherence to the laws, in one particular area, the job market, women nevertheless continue to experience lower status than men. Women continue to be employed in less qualified positions than men and they earn lower pay.

3. National women's institutions

(a) Africa

341. Most national women's institutions or organizations in Africa are policy and programme oriented. However, some innovative institutional mandates have recently been established, such as organizations for the integration of women into the development process and agencies designed to serve the specific needs of certain marginalized groups of women.

342. The African national reports specified the following constraints hindering the performance of their national women's institutions: the absence of clear operational mandates and priorities; the poor functioning of the institutions, often because they have only recently been set up and lack experience; and the poor coordination of women's activities within the administrative apparatus.

(b) Asia

343. Two important factors emerge from the Asian national reports with regard to women's institutions. Firstly, the position of the national women's ministry or agency in relation to government power centres has been recognized as crucial, and secondly, the governmental organizations responsible for women's issues require strengthening. On the first point, the necessity of placing the central women's organization near the centres of power, and preferably under the office of the president or prime minister, was stressed. Coordination mechanisms between relevant institutions and departments, as well as among governmental institutions and non-governmental organizations, were also stressed as a determinant of success from an institutional perspective. For example, the national report of Thailand describes networking and information exchange between governmental institutions and non-governmental organizations as a fundamental component of its women in development strategy.

344. On the second point, there was recognition among Asian countries that governmental organizations responsible for women's issues are often weak. This weakness springs not only from the fact that the institution is not well integrated into the power structure, but also because its internal management and operations are inefficient. Several national reports cited attempts to develop the policy, planning and managerial skills within women's institutions in order to render their internal operations more effective and efficient.

(c) Latin America and the Caribbean

345. Although the reports from Latin America and the Caribbean mentioned some of the same institutional characteristics as their Asian and African counterparts, they also described some interesting new initiatives. For example, a population programme unit was established in the Directorate of Women's Affairs in Antigua

and Barbuda with the objective of linking gender concerns to population and development issues. In Mexico, a national commission was established to integrate women into the development process.

(d) Industrialized countries

346. The national reports from industrialized countries rarely mention the institutional framework for women's issues. Instead, the emphasis is on policies and programmes within a broad social context.

D. Principal objectives

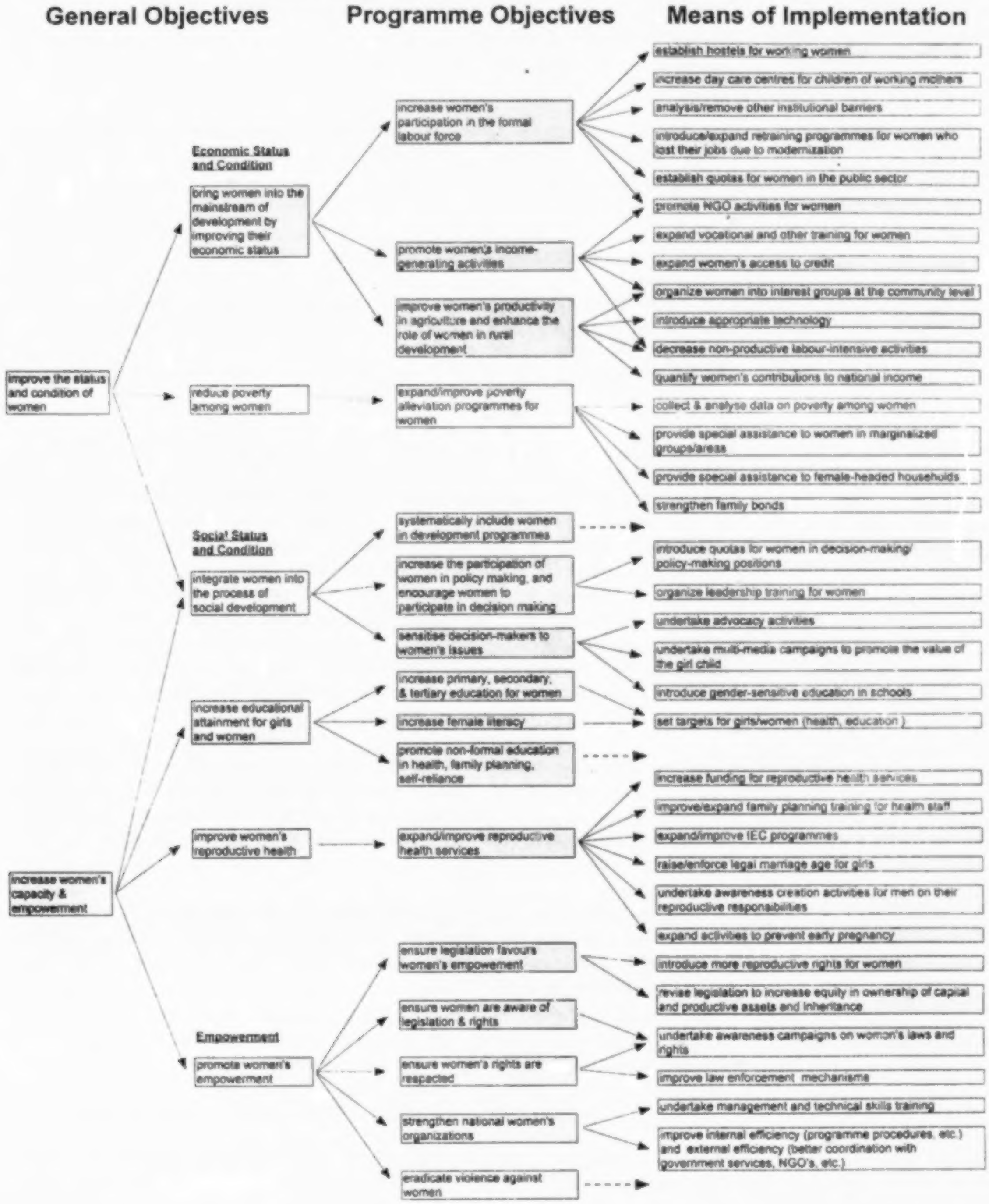
347. The national reports from developing countries stated a large number of objectives for improving the status and condition of women. Since the reports from the industrialized countries were not explicit on this subject, and since those countries face different problem areas, they have not been included in this section.

348. The objectives stated in the developing countries' national reports were generally not presented in any particular order. Figure 16 attempts to structure them into a framework that distinguishes between general objectives, programme objectives and means of implementation. It indicates that the programmes and means to improve women's economic status appear relatively clear. A considerable number of recommendations were provided for implementing programmes and activities to increase and improve women's participation in the formal and non-formal economy. However, certain gaps exist between the programme objectives for improving women's social status and empowerment, and the means to implement them. For example, although many national reports stated that women should be systematically included in development programmes, no indication was provided as to exactly how this was to be accomplished.

349. Likewise, although some reports indicated that both formal and non-formal educational programmes should be increased for women, the only concrete means cited to achieve this was to set targets for girls and women (and no activities were specified as to how to promote non-formal education for women in the areas of health, family planning and self-reliance).

350. Finally, although the eradication of violence against women was recommended, no indications were given as to how this was to be achieved. These examples would seem to indicate that more attention is required in translating objectives into activities in those areas.

Figure XVI. **Recommendations to Improve the Status and Condition of Women**


General Objectives
Programme Objectives
Means of Implementation
improve the status and condition of women
increase women's capacity & empowerment
Economic Status and Condition
bring women into the mainstream of development by improving their economic status
reduce poverty among women
Social Status and Condition
integrate women into the process of social development
increase educational attainment for girls and women
improve women's reproductive health
Empowerment
promote women's empowerment
increase women's participation in the formal labour force
promote women's income-generating activities
improve women's productivity in agriculture and enhance the role of women in rural development
expand/improve poverty alleviation programmes for women
systematically include women in development programmes
increase the participation of women in policy making, and encourage women to participate in decision making
sensitise decision-makers to women's issues
increase primary, secondary, & tertiary education for women
increase female literacy
promote non-formal education in health, family planning, self-reliance
expand/improve reproductive health services
ensure legislation favours women's empowement
ensure women are aware of legislation & rights
ensure women's rights are respected
strengthen national women's organizations
eradicate violence against women
establish hostels for working women
increase day care centres for children of working mothers
analysis/remove other institutional barriers
introduce/expand retraining programmes for women who lost their jobs due to modernization
establish quotas for women in the public sector
promote NGO activities for women
expand vocational and other training for women
expand women's access to credit
organize women into interest groups at the community level
introduce appropriate technology
decrease non-productive labour-intensive activities
quantify women's contributions to national income
collect & analyse data on poverty among women
provide special assistance to women in marginalized groups/areas
provide soecial assistance to female-headed househulds
strengthen family bonds
introduce quotas for women in decision-making/ policy-making positions
organize leadership training for women
undertake advocacy activities
undertake multi-media campaigns to promote the value of the girl child
introduce gender-sensitive education in schools
set targets for girls/women (health, education)
increase funding for reproductive health services
improve/expand family planning training for health staff
expand/improve IEC programmes
raise/enforce legal marriage age for girls
undertake awareness creation activities for men on their reproductive responsibilities
expand activities to prevent early pregnancy
introduce more reproductive rights for women
revise legislation to increase equity in ownership of capital and productive assets and inheritance
undertake awareness campaigns on women's laws and rights
improve law enforcement mechanisms
undertake management and technical skills training
improve internal efficiency (programme procedures, etc.) and external efficiency (better coordination with government services, NGO's, etc.)

VIII. POPULATION MOVEMENTS

A. Introduction

351. International migration, urbanization and other forms of internal migration are important elements of population dynamics mentioned in almost all the national reports. The scope and magnitude of these phenomena have changed considerably over the past two decades. Owing to a variety of causes, more people than ever before are on the move in search of better living conditions, and an increasing number of them are crossing borders.

352. The pace of urbanization has increased significantly in most regions of the world, leading to a higher percentage of the total world population residing in urban areas at present than at any other period in history. Furthermore, other forms of internal population movements, such as rural-to-rural and urban-to-urban migration, are also increasing in some parts of the world.

353. International migration is also changing both in scope and in terms of the profile of migrants. Whereas formerly most international migrants were relatively skilled and left their countries of origin on a permanent basis, at present the trend is towards unskilled and temporary migration.

354. The first part of this chapter focuses on urbanization and other forms of internal migration, while the second part covers international migration.

B. Urbanization and internal migration

1. Trends

355. A characteristic feature of nearly all developing countries at present is massive rural-to-urban migration (see table 17 and annex V). Africa and Asia are currently undergoing very rapid urbanization, at rates of 5.3 and 4.5 per cent respectively. 5/ Their urban populations will double in about 13 and 16 years respectively. According to the national reports, Yemen registered the highest annual urban growth rate of the developing countries in 1990 (8.7 per cent), while Mauritius, Sri Lanka and Uruguay indicated the lowest, with 0.8, 1.5 and 0.9 per cent per annum respectively.

Table 17. Urban growth rates, 1970 and 1990

(percentage)

Year	Africa	Asia	LAC	Total developing countries	OECD member countries	Eastern Europe and CIS
1970	5.2	2.9	4.70	3.3	2.0	1.4
1990	5.3	4.5	2.97	4.4	2.3	0.9
Percentage change	+2	+55	-37	+33	+15	-35

356. The urban growth rate in OECD member countries increased slightly between 1970 and 1990, although the overall rate remained low (2.3 per cent per annum). The large majority of their populations already lives in urban centres. Most of those countries experienced their periods of high urban growth long ago and are currently concerned with other urban phenomena.

357. Eastern Europe and the Commonwealth of Independent States experienced a sharp decline in their urban growth rates, largely owing to the difficult socio-economic transitions currently in progress. Living conditions in the urban centres of some of those countries have become so difficult that urban out-migration is being experienced for the first time since the Second World War.

358. As a direct result of high urban growth rates, the percentage of the total population living in urban areas has increased substantially throughout the world 6/ (see table 18 and annex V). In general, slightly more than one third of the population of developing countries currently resides in urban centres. However, given the high annual urban growth rate (currently 4.4 per cent), the number of urban dwellers in developing countries is expected to double in 16 years.

Table 18. Percentage of the population living in urban areas, 1970 and 1990

(percentage)

Year	Africa	Asia	LAC	Total developing countries	OECD member countries	Eastern Europe and CIS
1970	24.3	19.0	57.8	23.8	61.0	58.6
1990	29.8	29.2	71.3	34.8	71.8	69.7

359. Less than one third of the populations of Africa and Asia lives in urban centres, while three quarters of the population of Latin America and the Caribbean is urban. Of the developing regions, South America has the highest percentage of people living in urban areas (74 per cent), while Eastern Africa has the lowest (18 per cent). On an individual country basis, Burundi registered the lowest percentage of people living in urban areas among the developing countries in 1990 (6 per cent), while Argentina, Bahrain, Chile and Uruguay had the highest levels (86.0, 88.4, 83.5 and 88.8 per cent respectively).

360. The percentage of people living in cities in the industrialized countries currently lies between 70 and 75 per cent. Belgium has the highest proportion of urban dwellers in the world: 96 per cent of its population lives in urban areas.

361. A characteristic of nearly all developing countries is the massive migration to one or two major cities, usually the capital city. In some countries, migration to capital cities is responsible for up to 80 per cent of all internal population movements. Most Governments view this phenomenon as negative because of the resulting imbalances in population distribution.

362. Apart from urbanization, other forms of internal migration flows have also increased in recent years. As several national reports emphasized, urban-to-urban and rural-to-rural migration are increasing. In Malawi, for example, rural-to-rural migration is the principal form of internal migration as people search for seasonal employment in the agricultural sector. This type of migration tends to be temporary. In India and Malaysia as well, rural-to-rural migration is the most significant type of internal migration.

363. The national report of the United States of America describes the urban-to-urban migration trend, one that has affected the population distribution of every part of the country. Residences and workplaces are moving away from the mega-cities to secondary and tertiary cities. This contributes to the rising proportion of poor and unemployed people in mega-cities.

364. An interesting aspect of internal migration is the gender element. Although only a few national reports emphasized this issue, the patterns described in those reports differ considerably. Whereas in Gabon and the Congo, men constitute the majority of migrants to cities, in the Philippines and Panama it is the women who dominate the urban migration flows. As a result, in the rural areas of Gabon, there are only 83 men for every 100 women, while in the rural areas of Panama there are 114 men for every 100 women.

365. In general, the national reports from the industrialized countries did not describe the causes and consequences of their urbanization in depth. And only a few reports described the problems related to other forms of internal migration and spatial distribution. Because of lack of information on the causes and consequences of urbanization and internal migration in the industrialized countries, the remainder of this chapter focuses on the situation in developing countries.

2. Causes

366. Five major factors emerge from the national reports as principally responsible for the rise in urbanization and other forms of internal migration in developing countries. All of these factors relate to differences in living conditions between areas.

367. The most commonly cited cause for rural-to-urban migration is rural unemployment, resulting from the mechanization of agricultural processes and rapid rural population growth. In nearly all developing countries, fertility levels in rural areas are higher than in urban centres. This contributes to the strain on employment in many rural areas. The perceived employment opportunities in urban centres induces many of the rural underemployed and unemployed to migrate.

368. A second related factor is the lack of social services in rural areas, particularly education. Since secondary schools and institutions of higher education are more abundant in urban areas, students often have no other option than to leave the countryside for the cities in order to continue their education. Many of those students decide to remain in the city after graduation.

369. Lack of arable land in rural areas is a third cause of internal migration. Land shortages in some rural areas are reaching frightening proportions, mainly owing to high rural population growth. Environmental degradation further aggravates the shortage of arable land in many parts of the developing world. More and more people are having to compete for less land, and this trend is expected to continue in the future.

370. A fourth factor which contributes to the process of urbanization and internal migration is natural disasters, particularly droughts. Recurrent droughts in some parts of Africa and Asia have driven large numbers of people to urban centres in search of food and water. Many such internally displaced persons end up in temporary settlements on the outskirts of cities.

371. A fifth significant factor, mentioned by several national reports, is civil unrest. Internal conflicts in parts of Africa, Latin America and Asia have led to huge internal migration streams. The conflicts in Cambodia, El Salvador, Lebanon, Liberia and Nicaragua, for instance, have led to tens of thousands of internally displaced persons, many of whom have moved to urban areas. In Mozambique, some 4.5 million persons were internally displaced in 1990. And in Lebanon the high number of internally displaced persons has led to the creation of a separate Ministry for the Displaced, in order to prepare for and coordinate their resettlement.

3. Consequences

372. According to the national reports, urbanization per se is not a problem. In fact, urbanization is perceived as an important contributing factor to the overall development process. However, the rapid pace of urbanization causes enormous socio-economic and administrative difficulties for government authorities. As indicated in table 17, the current pace of urbanization in developing countries is 4.4 per cent per annum, meaning a doubling of the urban population in approximately 16 years. The consequences of this are staggering.

373. The national reports indicated that rapid urbanization and other forms of internal migration have an impact upon rural and urban areas in very different ways.

(a) Rural areas

374. Although many Governments are concerned about high population density in certain rural areas, they are also concerned about the changing composition and size of the labour force in certain rural areas as a result of rural out-migration. Many developing countries have substantial amounts of natural resources in rural areas which could be exploited for economic purposes. But

since a large percentage of men of the economically active age group migrate from rural areas to cities, the resulting rural labour force is depleted both in terms of size and capacity. This leads to less optimal use of land and other natural resources. For example, the national reports of the Gambia and Burkina Faso emphasized that rural-to-urban migration has aggravated the already poor agricultural and food situation in their countries.

375. Changing flows of internal migration also exacerbate imbalances in the supply and demand for social services, particularly health and education. Efforts to expand social services to some rural areas are undermined by high levels of migration, which result in problems of under-use in certain areas, and overuse in others.

(b) Urban areas

376. Urban infrastructure and services are often severely strained from rapid urbanization. The demand for housing, sanitation, water supply, waste treatment facilities, transportation and such public services as health care and educational facilities often greatly exceed the country's capacity to supply them. In addition, lack of certain public facilities, such as sanitation and sewage treatment, increasing quantities of automobile exhaust and the release of untreated industrial effluent into surrounding water systems, lead to environmental pollution and related health problems for urban dwellers in many parts of the developing world.

377. Urban unemployment is exacerbated by high levels of employment-based rural-to-urban migration. Many countries are particularly concerned about the rising number of unemployed urban youth. This phenomenon is perceived as a contributing factor to the rising rates of crime and violence, especially in the mega-cities, since many unemployed youths eventually become involved in street gangs and organized crime. A large number of national reports stated that urban crime was the main urban problem that their municipalities had to deal with.

378. The expansion of urban areas can also lead to the destruction of prime agricultural land, as many cities are located on fertile soils. Agricultural land surrounding urban centres is often converted into squatter settlements, housing thousands of migrants from the countryside. In addition, waste and effluent from large cities often pollute surrounding agricultural lands and water, thus diminishing agricultural production capacity.

4. Strategies, policies and programmes

379. Although most countries accept that urbanization is inevitable, many have developed policies and strategies to reduce its pace. The four principal types of intervention in this respect have been rural development programmes; resettlement programmes; improving urban infrastructure and services; and development of satellite cities.

380. A strategy common to many developing countries to reduce rural-to-urban migration is rural development. Efforts are made to improve rural services and infrastructure in order to raise living conditions. Investment subsidies and

tax reductions are frequently used to attract industrial companies to locate their factories in rural areas so as to stimulate the rural economy. Higher living standards and greater job opportunities are perceived as being the main incentives to retain populations in rural areas. Unfortunately, many of these rural development initiatives have not met with successful results.

381. The national reports indicate that many countries have also undertaken resettlement programmes, both to reduce imbalances in population distribution and to stimulate economic development in certain areas. For example, in Ethiopia an estimated 1.8 million people were resettled between 1980 and 1990 through resettlement programmes aimed predominantly at providing labourers for coffee plantations. This policy has recently been abandoned. For a long time, the United Republic of Tanzania had a policy to encourage people living in areas suffering from land scarcity to resettle in other parts of the country. The Government of Bhutan helps families and individuals who practise shifting cultivation or who live on infertile land to move to more fertile soils through public programmes to improve social infrastructure. Indonesia's national report mentioned that its transmigration programme has led to the resettlement of 1.7 million families, or 7 million people, from overpopulated to underpopulated areas. The national report of Viet Nam indicated that its Government viewed labour redistribution as an important contribution to agricultural development. Since 1975, Viet Nam has created "economic zones" in mountainous areas in order to cultivate new agricultural lands. Over the past 15 years, 3.9 million Vietnamese farmers have been resettled, with an average of 260,000 per annum.

382. The most commonly used strategy in these resettlement programmes is the provision of incentives. For example, in Indonesia, the implementation of transmigration programmes was undertaken by providing land, infrastructure, housing, public facilities and job opportunities for newcomers in the settlement areas. In Viet Nam, the Government provides the following incentives: transport costs, medicines, production tools, food supplies for the first few months, hospital costs, debt relief and training expenses.

383. Many developing countries are overcome by the demands placed on urban infrastructure and services. Efforts to improve the urban milieu include housing-improvement projects, the expansion of water supply systems, electricity and sanitation, improvements in urban transportation systems, etc. Considerable investment has been made in those areas over the past 20 years to try to accommodate and protect the urban population and its economy. Many countries have prepared urban master plans to plan and coordinate these initiatives. However, the national reports indicated that, in most countries, the scale of such initiatives was vastly exceeded by the rapid pace of urbanization.

384. The development of medium-sized and satellite cities also serves as a means of combating rapid migration to mega-cities. Similar incentives are used to attract migrants to those cities as in the rural development programmes. Infrastructure and services are established and incentives are provided to attract investors. For example, the Government of Egypt tried to reduce migration to Cairo and Alexandria by creating incentives to settle in satellite cities through its "desert settlement projects". In line with such initiatives, some Governments have also decentralized parts of their administrative apparatus to small or medium-sized cities to stimulate their development.

385. Although the national reports do not provide extensive information on the outcome of the above-mentioned strategies, policies and programmes, they do indicate that experience has been very mixed. For example, Malaysia and Venezuela have been able to divert massive migration to their major cities successfully, while the Republic of Korea and Madagascar acknowledge that their policies have been less successful.

5. Recommendations for the future

386. Collectively, the national reports from developing countries proposed the following recommendations to deal with the problems associated with rapid urbanization and other forms of internal migration:

(a) Improve and expand rural development initiatives;

(b) Provide more attractive incentives for companies to invest in rural areas;

(c) Reduce regional differences in wealth and availability of social services;

(d) Aim to reduce the number of people residing in mega-cities;

(e) Decentralize government administrative services to secondary and tertiary cities;

(f) Improve basic infrastructure and services in urban areas;

(g) Collect more data on the causes of internal migration;

(h) Develop population distribution policies;

(i) Improve the monitoring of internal migration.

C. International migration

387. There are two different types of international migrants: economic migrants, who are looking for employment and better living conditions; and refugees, who flee their country for political and other reasons. This section focuses on the trends and causes of these two types of international migration, the implications both for countries of origin and receiving countries, and recommendations for the future.

1. Trends and causes

(a) Economic migrants

388. In the 1950s and 1960s, most international migrants were skilled members of the productive age group. Their departure often contributed to brain drain in

the country of origin. However, the number of unskilled migrants is currently growing and a shift has taken place in some regions between permanent and temporary migration. For example, in the Philippines the permanent outflow of medical and other professionals of the 1950s and 1960s has shifted to temporary outflows of unskilled workers in a wide range of occupations beginning in the 1970s. Furthermore, in some countries the gender pattern of migration has changed as well. For example, some national reports stressed that their net emigration patterns changed from predominantly male-dominated during the 1950s and 1960s to female-dominated from the 1970s onward.

389. International migration is fuelled by socio-economic inequalities between countries, and job opportunities are usually the strongest driving force. Labour migration sometimes takes on very large proportions. For example, more than 1 million Bangladeshis currently live abroad for employment reasons, mainly in the Middle East. A considerable amount of labour migration also takes place within regions. For example, Côte d'Ivoire has become a net-receiving country for labourers from neighbouring countries such as Burkina Faso, as a result of the availability of non-skilled jobs and agricultural land.

390. In most Western and Northern European countries, labour migration of non-European nationals boomed in the late 1960s and early 1970s. Countries such as Morocco, Tunisia and Turkey experienced high levels of emigration to those countries, as well as to other parts of the world. For example, 40,000 Moroccans migrated every year to Western and Northern Europe, the Arab States and the United States during the 1970s. Currently, 7 per cent of Moroccans live abroad and remittances from abroad constitute a major portion of the national income.

391. After the first oil crisis in 1973, immigration to Western and Northern Europe ground almost to a stop. In the late 1970s and early 1980s, family reunification led to a rising stream of immigration to those countries. And from the 1980s onward, a rapid increase occurred in asylum-seekers and illegal immigrants from both developing countries as well as increasingly from Eastern Europe and the Commonwealth of Independent States. At the present time, immigration to Western Europe has been restricted by policy measures, although the flow of illegal immigrants continues.

392. Although similar causes have affected the flow of economic migrants to the traditional immigration countries (Australia, Canada and the United States), there has tended to be less variation in the intensity of these flows than in those of Western and Northern Europe.

(b) Refugees

393. The second type of migrants are refugees, who flee their country in order to avoid political prosecution, civil unrest and/or natural calamities. Sub-Saharan Africa and Asia currently have the highest number of refugees. It should be stressed that most refugees migrate to neighbouring countries and therefore stay within their region. Furthermore, a significant number of refugees return to their country of origin when conditions permit. For example, Ethiopia experienced substantial emigration during the 1970s and 1980s because of drought, famine and war. Most of those emigrants went to Kenya, Somalia,

Djibouti and the Sudan. However, after the change of Government in 1991, some 634,000 Ethiopians returned to their homeland. Similarly, some 1.5 million refugees from Mozambique are now slowly returning from neighbouring countries.

394. An increasing number of refugees are seeking asylum in industrialized countries. As some industrialized countries have confined their immigration to family reunification, more and more economic migrants are applying for refugee status or are entering illegally. This constitutes a growing problem for Western Europe in particular. In order to protect the right to asylum, most Western European countries have adjusted their legislation to accelerate the lengthy admittance process by, inter alia, qualifying groups of asylum-seekers on a so-called "safe country-principle". In other words, only refugees from countries internationally classified as unsafe, in terms of their socio-political situation, are allowed to apply.

2. Consequences

395. Although countries both send and receive migrants, it is important to distinguish between net-sending versus net-receiving countries when examining the socio-economic consequences of international migration. The positive and negative consequences of migration differ according to these two types of countries.

(a) Countries of origin

396. In general, the positive consequences of migration for countries of origin are threefold:

(a) International labour migration reduces pressures on the labour market in periods of high unemployment;

(b) In most cases, emigrants send remittances back to their country of origin, often in the form of valuable foreign exchange;

(c) In the case of temporary labour migration, new skills are often acquired abroad which can benefit the country of origin when the migrants return.

397. The following examples illustrate the positive consequences of migration to countries of origin. In Sri Lanka, international migration was perceived as an economic safety valve since it significantly eased the country's unemployment problem. Likewise, the Governments of Egypt, Morocco, the Republic of Korea and Thailand actively encourage international migration in order to (a) alleviate imbalances between job demand and supply; (b) upgrade the skills of their labour forces; and (c) receive remittances from abroad. In the Philippines, about 4 per cent of the gross national product consists of remittances from workers abroad.

398. The negative consequences of migration for countries of origin revolve around the phenomenon of brain drain. The Government of Suriname, for instance, is concerned that emigration is depleting the country of its younger, skilled

professionals, leaving behind a population whose age structure and skills profile are unfavourable for development.

399. The Pacific Island countries expressed concern regarding the loss of skilled labour, as well as over the recent return of skilled workers from abroad owing to tightened immigration regulations in receiving countries. The current economic situation in these countries is such that most returnees will not be able to find work in their countries of origin. The resulting rising unemployment and social unrest are of great concern to these countries.

(b) Receiving countries

400. Most national reports from receiving countries emphasized the positive consequences of labour migration. The unskilled profile of most current labour migrants coincides with a reticence among local workforces to accept unskilled jobs. The national report of Australia provided a series of positive justifications for its traditionally open immigration policy. The studies on which Australia's immigration polices are based indicate that immigration has generally had positive effects on the economy; does not lead to increased aggregate unemployment; has relatively little effect on prices or wages; and generates government revenues which more than pay for the expenditures on immigration.

401. However, problems appear to arise among receiving countries when the scale of immigration reaches a large proportion of the country's total population and economic recession leads to large-scale unemployment. Most Western European countries currently find themselves in these circumstances. They are having difficulties with uncontrolled streams of labour migrants, many of them applying for asylum in the hope of receiving a residency and employment permit. Since a large percentage of those requests are denied, illegal immigration is a growing problem in these countries.

402. Most refugees find protection and accommodation within their own region, mostly in neighbouring countries. For example, because of political instability in the region, Kenya has received a large influx of refugees in recent years. Likewise, Zambia has accommodated substantial numbers of refugees, especially from neighbouring countries. By the end of the 1980s, it was estimated that foreigners made up 8 per cent of the total population of Zambia.

403. The housing of refugees sometimes creates social tensions with local populations in receiving countries. In Djibouti, the presence of refugee camps in rural areas has had a negative impact on surrounding rural populations who perceived their living conditions as inferior to those of the refugees. And the national report of Belize revealed that refugees sometimes replace local workers in certain industries, thus causing social unrest.

404. Many national reports, from both countries of origin and receiving countries, indicated that the massive flows of immigration often surpassed the capacity of public authorities to control this phenomenon. This lack of control adds to the negative connotations sometimes associated with migration in receiving countries.

3. Policy and programme recommendations

(a) Countries of origin

405. Most countries of origin would like to encourage international migration for reasons cited above under the positive consequences of migration. Since the degree to which they can send workers abroad depends for the most part on the policies of receiving countries, many countries of origin recommend the relaxing of immigration regulations by industrialized countries.

406. However, since a number of countries of origin are also concerned about the consequences of the brain drain, they also recommend certain legal restrictions on the emigration of highly skilled workers. An example of such a measure is the stipulation that graduates of higher education serve in their country for a specified period before being permitted to emigrate to another country. Many countries recommended the establishment of incentives in order to encourage highly skilled professionals to return to their home countries.

407. Many countries of origin are increasingly concerned about the well-being and legal rights of their nationals abroad. Some countries have established policies aimed at ensuring the well-being of their emigrants. For example, the Government of Thailand influences the extent and direction of its emigrants; encourages the protection of Thai workers abroad; assists in their reintegration upon return; has reduced the recruitment costs for Thai emigrant workers; and has set up minimum conditions for workers abroad, including wage levels and benefits. Since some of these policies depend on the cooperation of receiving countries, international accords on the treatment of migrant workers are recommended.

(b) Receiving countries

408. The relatively recent move to restrict migration among certain industrialized countries indicates certain fundamental difficulties within those countries. The migration policies of some European countries currently only permit family reunification and refugee status as grounds for immigration. Illegal immigration for employment purposes is considered a rising problem in many of these countries, despite financial penalties on employers who hire illegal immigrants. Furthermore, problems arise when immigrants are not integrated into the societies of receiving countries. The implications of this situation are that more attention must be directed to (a) addressing the causes of migration flows in countries of origin; (b) securing better means of control over illegal migration; and (c) achieving better social integration of legal migrants.

409. Addressing the causes of migration opens the discussion to the broad topic of population and development in the countries of origin. The recommendations of the national reports on different dimensions of the topic are numerous and varied. They appear at the end of each chapter in the present report.

410. The means of controlling international migration in receiving countries are based on a combination of (a) quantitative limits, usually through quota systems or bilateral agreements; and (b) preferential categories, such as family

reunion, etc. The more traditional immigration countries of Australia, Canada and the United States tend to have quota systems combined with preferential categories. For instance, the United States Immigration Act of 1990 sets a permanent annual level of at least 675,000 immigrants beginning in fiscal year 1995. The Act also established a three-track preference system for family-sponsorship, employment, and special cases.

411. The countries of Western Europe, on the other hand, have tended in the past to manage their immigration flows through bilateral agreements. Many of these agreements originated in the 1960s and 1970s, and set out the number of immigrants allowed to enter each year. However, these mechanisms were primarily established to encourage labour migration, most of which was of a permanent nature. These systems are no longer germane because of new conditions within the receiving countries and the fact that the number of temporary migrants is on the rise. The national reports indicate that more attention should be directed towards the adaption of existing migration policies to new circumstances and to the changing profile of migrants.

412. In order to facilitate the integration of migrants, language classes, skills courses and other services have usually been organized in receiving countries (sometimes on a compulsory basis). Immigrants are granted citizenship, voting and other rights after a certain period of legal residency in the country (usually between three and five years). However, it appears from the national reports that more attention needs to be paid to the integration of migrants.

413. In addition, in order to control the migration flows of refugees, many receiving countries now support relief services in the region where the problem occurs. These activities are designed to supplement their other refugee programmes. Also, most receiving countries encourage the voluntary repatriation of refugees to their home countries once the socio-political situation allows it. The national reports indicate that more emphasis needs to be placed on such programmes.

414. Eastern Europe and the Commonwealth of Independent States represent a special case with regard to migration. Most of these countries are experiencing relatively high levels of both emigration and immigration: repatriation of deported people; refugees; returning servicemen from the former Soviet army; migration for ecological reasons; and emigration to the West. Many of the national reports from these countries expressed the need to stabilize their migration flows; however, the measures required to do so were unclear.

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IX. THE INTERRELATIONSHIPS BETWEEN POPULATION, DEVELOPMENT AND THE ENVIRONMENT

A. Introduction

415. The national reports provided extensive observations and experiences on the interrelationships between population, development and the environment. Collectively, they confirm that population policies and programmes can contribute significantly to socio-economic development. They also confirm that a range of complementary development initiatives can greatly enhance the implementation of population programmes. The evolution of the world's understanding of these linkages has gradually been translated into policies, plans and programmes, often with remarkable results, and the success of these initiatives has led a number of countries to query whether some of the other linkages might not be concealing latent benefits in the form of synergy and complementarity.

416. This chapter begins with a brief description of the general characteristics of some of the main linkages described in the national reports. It then examines the types of linkages, firstly those between population and development, and secondly those involving the environment. Policy, planning and programme implications are then drawn from the linkages.

417. Since the perspectives from which the developing and the industrialized countries perceive these interrelationships are so different, the two groups are treated separately in sections C, D and E of this chapter.

B. General characteristics of the linkages

418. A decisive factor determining how countries approach the linkages between population and development is the application of the term "linkage". In most reports, references to population and development linkages are interpreted as intrinsic, but rather general, interrelationships between two or more factors. Only in a small number of reports was a more deterministic, causal usage of the term linkage applied, focusing on the impact of population growth on development. In such cases, the reports were generally cautious in the conclusions they drew from the linkages.

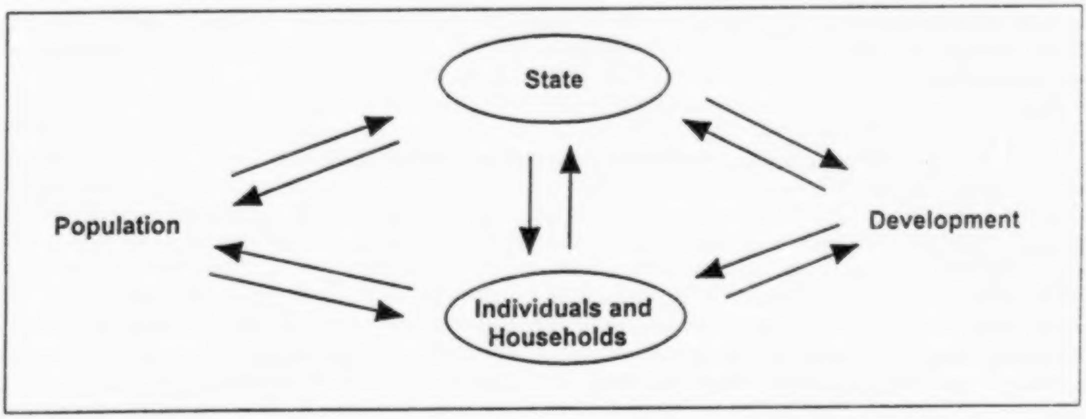
419. In most national reports, linkages are described in open-ended terms (i.e., although two factors may be linked in a relationship, it is understood that other, unmentioned factors could be exerting an influence on the linkage). For example, in the frequently cited linkage between population growth and socio-economic development, it is understood that population growth is not the exclusive factor with an impact on development.

420. Linkages are traced both at the macro level and the micro level. A frequently cited macro-level linkage was made between population growth rates and the rate of growth of the labour force in order to ascertain the economic growth rate required to absorb new entrants into the job market and to decrease the overall level of unemployment.

421. One of the more frequently cited micro-level linkages centred around fertility rates: high fertility rates lead to high household dependency burdens, which strain household income and food supply, leading to greater probability of declining living standards for the household.

422. In some cases, linkages were made between the macro level and the micro level (see figure 17). The national report of Kenya provided an interesting example of this. Population growth and changes in structural and spatial distribution within Kenya affect demand for goods and services (including demand for education and health services). Population dynamics also have important implications for the capacity of the country to produce these goods and services. A low rate of population growth is cited as being more favourable to growth in per capita income, which is likely to result in higher growth rates in the savings ratio and in the total volume of household savings. This is crucial since, to a large extent, the investments required for improving education, health and other socio-economic infrastructure for generating jobs are determined by the level of domestic savings.

Figure XVII. Macro and micro linkages between population and development



423. The linkages cited in the reports are treated with varying degrees of depth and complexity. Some reports attempted to sort out related sets of interlocking linkages. The urban milieu represents the hub of such a set of linkages that many national reports struggled with. The main elements in this set of linkages were urban in-migration; poverty; the deterioration of social and physical infrastructure; rising unemployment, especially among youths; social unrest and rising rates of crime; and deterioration of the environment and subsequent health hazards.

424. An interesting analysis of a series of interconnecting linkages between population and development appeared in the national report of Ethiopia. The combination of the following factors were cited as reasons for which development remains beyond reach: high population growth rate; high dependency ratio caused by the very youthful age structure of the population; rising demand for the democratization and universalization of primary education, which calls for resources well beyond the capacity of the national budget; rising person/land ratios since the modern economy exists only in small enclaves; technological backwardness; imbalances between production and consumption; and an annual rate of increase of the labour force that considerably exceeds the annual rate of increase of the modern sector of the economy.

C. Types of linkages between population and development

1. The developing countries

425. The critical realization that triggered many developing countries' current preoccupation with the interrelationships between population and development was the recognition that low levels and rates of technological progress, combined with rapid and unbridled population growth was placing untenable strains on social, economic and natural carrying capacity. This led to the conviction that the rate of population growth had to be balanced with the pace of socio-economic development and in conjunction with the regenerative capacity of the natural environment.

426. Table 19 indicates the principal interrelationships between population and development contained in the national reports from developing countries. It does not include all the linkages, nor does it capture the interlocking sets of interrelationships cited in some of the reports. It merely indicates general linkages drawn between population and development. Those involving the environment are covered in section D.

427. It should be stressed that the linkages perceived by a country are coloured by its particular configuration of development priorities and objectives. For example, a country whose top priority is to achieve food self-sufficiency is more likely to highlight the linkage between population growth and natural resources/environment/land use, whereas a country whose principal objective is to achieve and maintain full employment is more likely to highlight the linkage between population growth/age structure and employment.

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Table 19. Percentage of developing countries that indicated interrelationships between population and development in their national reports

Interrelationships	Africa (N=46)	Asia (N=23)	Oceania (N=11)	LAC (N=29)	Total (N=109)
Population growth and					
- General socio-economic development *	87	74	64	59	74
- Agriculture, food production levels	30	26	9	3	20
- Social services	76	78	45	52	67
- Infrastructure	7	13		3	6
- Employment	50	70	45	48	53
- Natural resources, environment, land use	63	61	64	41	57
Population distribution and					
- Regional inequities	26	48	27	38	34
- Natural resources	13	22	9	17	16
- Urban problems	30	39	36	14	28
- Social cohesion	9	4			5
Population structure and					
- Production capacity	11	4	18	14	11
- Delinquency/crime (youth)	13		9	17	11
- Unemployment (youth)	15	22	9	7	14
- Social welfare (elderly)	4	22	9	10	10
International migration and					
- Remittances	11	13	9		8
- Brain drain	4	13	45	24	16
- Social unrest (immigration)	4	9	9	10	7
Macroeconomic stabilization / structural adjustment programmes and					
- Health & welfare of population	15	4		7	9

* Includes issues of equity, poverty, living standards and national economic growth.

428. The most commonly reported interrelationship cited in the national reports is between population growth and general socio-economic development. Of all the reports from developing countries, 74 per cent made reference to this linkage, which includes population growth rates and economic growth rates; population growth and living standards; and population growth and equity (with causal factors cited in both directions, as well as circularly). In some national reports it was stated that the population growth rate so exceeded that of economic growth that every incremental improvement in the socio-economic sphere was thwarted by the rising number of people requiring social services, living quarters, etc. For example, the national report of Lesotho stated that per capita income was likely to decrease significantly as a result of population growth, because even if the Government succeeded in raising investment levels to generate more income and savings, the net effect would be neutralized by the sheer number of people requiring goods and services.

429. The linkage between population growth and social services was also cited by a large number of developing countries (67 per cent). Several national reports from Africa provide good illustrations of the concerns behind this linkage. In Botswana, the population growth rate led to a doubling of primary enrolment between 1971 and 1991, straining the national education budget to its limit. In Burundi, half-time schooling had to be introduced to cope with the growing unmet demand for basic education, and colleges had to be set up at the local level in order to respond to the demand for higher education.

430. The third most frequently mentioned linkage was that between population growth and natural resources/land use. Of the reports from developing countries, 57 per cent expressed concern regarding this linkage. For example, in Lesotho total arable land was reduced from 13 to 9 per cent of total land space between 1976 and the present. The main cause identified for this was the conversion of farmlands into human settlements owing to the high population growth and the doubling of population density per square kilometre of arable land (from 306 to 743 persons). Other causes included soil erosion and the overgrazing of cattle.

431. The linkage between population growth and unemployment was also cited in a large number of national reports from developing countries (53 per cent). The Asia region mentioned this concern more frequently than the other regions.

2. Industrialized countries

432. Table 20 indicates the main linkages traced between population and development in the national reports of the industrialized countries. Four linkages predominate, two of which are shared by the OECD member countries and the countries of Eastern Europe and the Commonwealth of Independent States, and two of which are unique to the latter.

Table 20. Percentage of industrialized countries that indicated interrelationships between population and development in their national reports

Interrelationships	OECD countries (N=22)	Eastern Europe & CIS (N=7)
Economic performance		
Economic performance and the well-being of the population	9	86
Economic performance and jobs possibilities and migration patterns	9	86
Economic performance and the environment	14	
Urban economy and migration to suburban & rural areas	9	29
International migration		
Immigration and social unrest	50	
Immigration and job substitution	27	
Immigration and labour markets and social services	9	
Immigration and socio-economic integration	23	
Emigration and brain drain	5	43
Population structure		
Ageing and social expenditures	77	57
Population structure and labour markets and social services	5	14
Population distribution		
Regional disparity in fertility rates and regional disparities in economic performance	5	14
Regional development and internal migration	32	43
Urban out-migration and degradation of city sections	9	
Environment		
Behaviour/lifestyles and the environment	32	
Population movements and the environment	5	
Population density and the environment	14	
Environment and health	9	43
Other		
Family policy and women's employment and fertility	59	71
Late stages of demographic transition and low rates of economic development	9	14

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433. The first main linkage shared by both groups of industrialized countries is that between population ageing and social expenditures. For example, the national report of Japan stated that the portion of its population over 65 years of age was 5 per cent in 1950, 12 per cent in 1990 and was expected to increase to 26 per cent by the year 2025. Although the proportion of elderly living with their offspring is much higher in Japan than in other industrialized countries, it is declining and expected to continue to do so. This trend places an increasing strain on the country's services and systems in support of the elderly.

434. The second linkage shared by the industrialized countries is that between family policy, women's employment and fertility trends. The national report of Austria provides a good example of this linkage. Like most other industrialized countries, the fertility rate in Austria is below the replacement level. Because of the high correlation between the rising percentage of women in the labour force and the declining fertility rate, the Austrian Government introduced a series of measures to facilitate the desired lifestyles of its population. These measures were aimed at helping women combine working careers with raising families, and to distribute the burdens of housekeeping and child-raising more equitably between the sexes. They include improved protection of pregnant women in keeping their jobs; alternative options for parental leave; the possibility of part-time employment for mothers in the first two to four years after childbirth; and the extension of family sick leave.

435. Two other linkages between population and development were frequently mentioned by the countries of Eastern Europe and the Commonwealth of Independent States. These were between economic performance and (a) the well-being of the population; and (b) employment opportunities and, subsequently, migration patterns. This clearly reflects the very difficult economic transition currently under way in these countries.

436. A significant number of OECD member countries also expressed concern regarding the linkage between immigration and social unrest. Although immigration was mentioned in a large number of the national reports from Eastern Europe and the Commonwealth of Independent States, it was not linked with social unrest.

D. Types of linkages involving the environment

437. Although the developing and the industrialized countries differ with regard to their perception of the linkages between population and development, they share the same main preoccupations with regard to linkages involving the environment. The two main environmental linkages that both groups of countries share are (a) production and the environment; and (b) urban migration/population density and the environment.

1. Developing countries

438. Of the national reports from developing countries, 86 per cent traced a linkage between production and the environment (see table 21). This percentage would probably have been higher had those countries that mentioned a linkage between general economic development and the environment specified what aspects of development they were referring to. When production was specified, it was blamed for the depletion and/or degradation of natural resources and for pollution of land, water and air. Both industrial and agricultural production processes were included. For example, the national report of Djibouti attributed rising food production with the loss of biodiversity, while the national report of the Philippines blamed urban industrial processing for contributing to the pollution of water and air.

Table 21. Percentage of developing countries that indicated interrelationships involving the environment

	Interrelationships between environment and	Africa (N=24)	Asia (N=21)	Oceania (N=19)	LAC (N=9)	Total (N=74)
P	- Population growth	52	43	32	22	41
O	- Urban migration/population density	76	76	74	56	73
P	- Civil conflict/war	16	10	5	0	10
D	- Production *	88	100	79	67	86
E V	- General economic development **	24	43	37	33	34

* This interrelationship refers to natural resource depletion/degradation and pollution of land, water and air.

** This category was used when reports made general references to the impact of development on the environment.

439. The linkage between urban migration/population density and the environment was cited in 73 per cent of the developing countries' national reports (very rarely was population density cited independently from urbanization). This linkage included both the expanding area of urban agglomerations and their increasing density. The impact of urbanization on the environment included both the destruction of natural resources to make way for urban expansion and the pollution of surrounding rivers, as well as the degradation of the urban environment (e.g., air, water and land).

440. Another frequently cited linkage was that between population growth and the environment. For example, the national report of Nigeria stated that the country's high population growth rate has led to a greater rate of extraction of natural resources, exceeding efforts to achieve sustainability. Likewise, the report of Burkina Faso attributed high population growth with rising rates of water extraction and the subsequent decline in water quality and quantity.

2. Industrialized countries

441. The link between production and the environment was cited in 55 per cent of the industrialized countries' national reports 7/ (see table 22). This interrelationship is closely linked to that of consumption and the environment, although only one quarter of the national reports specifically mentioned the latter linkage. For example, Australia's national report stated that small populations with high consumption patterns actually alter the environment more than large populations with low consumption levels. Germany's national report went one step further to say that the responsibility for reducing global environmental damage lies more with the industrialized countries than with the developing countries, mainly because of the former's high rates of production and consumption.

Table 22. Percentage of industrialized countries that indicated interrelationships involving the environment

	Interrelationships between environment and	Industrialized countries *(N=20)*
P	- Population size	25
O	- Urban migration/population density	55
P	- Human health	30
D	- General economic development *	20
E	- Production **	55
V	- Consumption	25

* This category was used when reports made general references to the impact of economic development on the environment.

** This interrelationship refers to natural resource depletion/degradation and pollution of land, air and water.

442. Linkages between urban migration/population density and the environment were cited in 55 per cent of the national reports from industrialized countries. The problems associated with this linkage were similar to those mentioned by developing countries with regard to the same linkage. The Australian national report provides a clear description of the issues. Urban migration and urban development cause difficulties with regard to the treatment and disposal of sewage, industrial effluent associated with manufacturing processes and solid waste disposal. Suburban sprawl also gives rise to increased consumption of fossil fuel through extended commuting, which disturbs fragile ecosystems and permanently removes prime arable land from agricultural production.

443. Another interrelationship cited in many of the national reports from the industrialized countries was that between the degradation of the environment and the subsequent impact on the health of the population. This was mentioned predominantly by the countries of Eastern Europe and the Commonwealth of

Independent States. For example, the national report of the Russian Federation cited a link between industrial contamination of the environment and paediatric mortality and morbidity (specifically childhood asthma). In addition, the reports of both Poland and the Russian Federation linked the health of their industrial workers to levels of industrial pollution.

E. Principal implications of the linkages

1. Developing countries

(a) Tapping the synergy between population and development initiatives

444. Although many national reports from developing countries recognized that the linkages between population and development were not always clear, there was universal agreement that population policies and programmes can have beneficial effects on development. Although the reports do not always make the same connections, they do concur that development can be facilitated through population interventions. For example, in high-parity/low-income areas, reducing the number of children per woman and increasing their spacing can have very beneficial effects on the health of both the mother and her children, and can enhance the mother's opportunities for engaging in economic activities.

445. Similarly, the national reports generally recognized that population interventions were greatly enhanced when they were complemented by a range of development policies and programmes. For example, many reports stated that high levels of investments in primary health care, education (particularly for girls and women), and other improvements in the status and condition of women, can have a significant impact on total fertility rates. A large number of national reports also cited the results of research on the impact of female education on fertility rates. In each case, higher female education was correlated with lower fertility rates.

446. The main policy and programme challenge that emerges from the linkages between population and development is how to tap and take maximum advantage of the synergy between them. The implications of this challenge at the policy and programme levels are that more coordination is required between population and development initiatives so that each may benefit from the other; and that greater research is needed to explore new ways of exploiting the latent complementarity and synergy between population, development and the environment.

(b) Population initiatives as a cost-efficient means of enhancing development

447. Links between population and development were also perceived in terms of the overall cost of development initiatives. Certain low-income countries that previously did not have programmes to curb their high population growth rates have reconsidered their positions in view of the potential savings of such programmes. After years of investing in development initiatives of all kinds, and witnessing successful endeavours undermined by the rising number of users and beneficiaries, these Governments realized the financial necessity of approaching the problem from both the development and the population perspectives.

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448. Quite a few developing countries reported having calculated the costs saved from averted births resulting from their population programmes. Given the comparatively low cost of such programmes, and the high savings from averted births in certain countries, the overall savings resulting from population interventions were considered very substantial. This would imply that comparatively more resources should be channelled to population programmes in developing countries.

(c) Balancing population growth with natural carrying capacity

449. The main problem areas that emerge from analysing the linkages between population, development and the environment are (a) pollution of land, air and water, mainly from production processes (both agricultural and industrial); (b) other adverse effects of agriculture and fishing, such as soil erosion and loss of biodiversity; and (c) deforestation. The resolution of these problems requires striking a better balance between population growth rates/density and the natural carrying capacity of the land.

450. One of the main constraints in developing countries results from low-income levels, which lead to adverse trade-offs between long-term sustainable resource use and short-term consumption of stocks (especially of fuelwood and forest products). The main policy and programme implications are that environmental protection initiatives must be undertaken in conjunction with poverty alleviation activities.

451. Other policy and programme implications include increasing resource efficiency in production processes; introducing environmentally friendly technologies; increasing awareness among government officials and the general population of the need to protect the environment; introducing more environmental considerations into development planning, particularly urban planning; formulating and implementing natural resource management and conservation plans; and introducing systematic environmental impact studies for major development projects that change the surrounding environment. The insertion of environmental components into local development plans was also recommended by many countries.

(d) Population and national development planning

452. Integration of population and development policies and programmes has led to a recognition of the need to incorporate population concerns more thoroughly into national planning systems as well. Although in the past many countries have included population variables in their five-year development plans, the national reports indicate a relatively recent move among many countries to streamline population issues into other levels of the planning process. These initiatives have met with a number of difficulties.

(i) Integration of population into different levels of the planning apparatus

453. The integration of population into national planning systems is complicated by the changing nature of those systems. Some countries have abandoned the classical planning models and are transitioning to more flexible, integrated

planning mechanisms. Several countries also indicated that they were moving from integrated planning to strategic planning models. In the transition between systems, some countries have accumulated several layers of planning.

454. Population is usually featured, either implicitly or explicitly, in the five-year development plans. Of the reports from developing countries that addressed the topic, 97 per cent indicated that population concerns were incorporated into the overall development plan. However, the treatment of population at this level of planning is usually very general, i.e., the sectoral chapters of the five-year plan frequently do not even trace the connections to population dynamics. Only 13 per cent of the reports indicated that population was integrated into the sectoral planning process, with varying degrees of success. And only 12 per cent stated that population issues were integrated into local-level plans. This would imply that more effort is required to integrate population into these levels of the planning system.

(ii) Integration of population into development plans that lack focus

455. The national reports indicated that one of the problems in trying to integrate population into the planning system is that the development plans already contain so many priorities that integration of yet another priority loses significance. This is likely at least partially because of multiple donor priorities being urged upon Governments dependent on foreign aid. The national reports indicated a need to clarify priorities at all levels of the planning process.

(iii) Integration of a cross-sectional topic into a sectoral-based development plan

456. Another problem area in integrating population into the development planning process is well described in Botswana's national report. It stated that while the linkages between population and development were cross-sectoral, Government policies and plans tended to be sectoral, and important cross-sectional linkages were therefore overlooked. Some countries have tried to circumvent the problem by establishing separate population plans. Although this may assist in clarifying the objectives and programme directions for the Government, it does not necessarily help in integrating population into the overall planning framework of the country. The implication from a planning perspective is that more effort should be directed towards clarifying the conceptual planning framework for the integration of population and development.

(iv) Coordination between different elements and levels of the planning system

457. Another problematic area lies in the coordination between different levels of the planning system and between different sectoral plans. With regard to the articulation of plans between the central and local levels, the rigidity of most government institutional structures has led to a recognition of the need to decentralize. This was considered particularly important for the implementation of population programmes, given the degree to which they depend on community participation, local women's groups and grass-roots initiatives.

458. Several countries have decentralized their planning systems to such an extent that population plans are virtually entirely the prerogative of local administrations (e.g., India and Argentina). Other countries have decentralized various elements of their population programmes. For example, Sri Lanka recognized the need to assemble demographic data for smaller geographical areas and to train provincial planners in making demographic estimates for planning purposes. Although decentralization has made it easier for those countries to tailor their population plans and programmes to local needs, it also calls for very strong and effective monitoring and evaluation systems to ensure that all parts of the country are progressing along the same general lines.

459. An alternative means of achieving better articulation between different levels of the planning system is the introduction of stronger incentives for regional and local leaders to ensure the implementation of the national population plan. For example, in Egypt the evaluation of governors is based partially on the degree to which they implement the country's population policy within their region.

(v) The ultimate challenge: functional integration

460. Many countries indicated that in spite of having a planning apparatus that facilitated the integration of population concerns into national planning, there was lack of functional integration. This was mainly attributed to lack of data and insufficient analysis of existing data; lack of a satisfactory methodology for integration; lack of a critical mass of technical staff and of staff commitment among the line ministries and departments to carry out the tasks necessary for functional integration; and lack of resources.

461. Weaknesses in data collection, analysis and research capacity were particularly stressed. For example, some countries reported that existing data were not fully exploited from an analytical perspective, and that data from different sources were frequently not cross-referenced and amalgamated for analysis. Other countries indicated the need to collect a broader array of data for multivariate analysis on a large number of interconnected topics. Still other countries indicated the need for more qualitative data for population planning.

2. Industrialized countries

462. Several implications can be drawn from the two main linkages between population and development mentioned by the industrialized countries, one of which applies both to the preoccupation with ageing and social expenditures, as well as to family policy, women's employment and fertility trends. This is the need to redefine certain elements of social and economic systems in the light of changing circumstances and declining financial and economic viability.

463. With the rising percentage of elderly in the population, many Governments have had to begin rethinking their long-standing social protection systems for the elderly and the configuration of responsibilities between households, the private sector and Government. For example with regard to pensions, a number of countries have started providing incentives for individuals to save for their own retirement as a means of taking some of the financial burden off the State.

Furthermore, the rising dependency ratio has led to the recognition that pay-as-you-go pension schemes 2/ are no longer viable on their own and must be replaced, or at least supplemented, by fully funded schemes 3/ in order to cover the future pension requirements of the current economically active population. In addition, many countries have raised the legal retirement age as a means of addressing the rising dependency burden. Health-care systems are also undergoing restructuring in order both to respond to the rising proportion of elderly and to make those services more efficient.

464. Family policies and programmes are faced with some of the same challenges as the social protection systems for the elderly. Those programmes have expanded considerably over the years to address new concerns and emphases and must now be reviewed from the perspective of financial and economic viability. However, the link between family policies, working women and fertility also raises a series of other policy and programme implications. Although the main objective of family policies is better to enable women both to have a career and to raise a family, these same policies can also inadvertently contribute to the breakup of the traditional family structure. The rapid deterioration of the traditional family unit in industrialized countries is a cause of great concern because no other central, cohesive structures are there to take its place. Families used to be the moral and ethical nucleus of societies, with Governments playing a relatively neutral role in this regard. The decline of traditional family structures combined with signs of social fragmentation, presage disquieting uncertainties for the future.

465. The countries of Eastern Europe and the Commonwealth of Independent States frequently mentioned two additional linkages, between economic performance and (a) the well-being of the population; and (b) lack of jobs and subsequent migration. These closely related concerns stem from the daunting macroeconomic transitions currently under way in these countries. The implications from a policy and programme perspective concur with the conclusions drawn in chapter III concerning political commitment: more social safety nets are temporarily required while the new social and economic systems are being put in place.

466. The implications of the principal linkages drawn between population, development and the environment point towards the need for greater responsibility and involvement among industrialized countries in reducing their contribution to the destruction of world resources. The introduction of less wasteful consumption patterns and more environmentally friendly production technologies are the obvious areas for policy and programme interventions in this respect.

Notes

1/ Since Mexico joined OECD only in May 1994, after much of the analysis for the present document had already been completed, it was not counted as one of the OECD countries.

2/ The pay-as-you-go mechanism means that the pension premiums of the current productive age group pay for the pensions of the current retired population.

3/ Fully funded pension schemes operate by having the pension premiums of the current working population put aside to meet the needs of those same contributors as they become due.

4/ Classification of countries as low-income or lower middle-income was based on the World Development Report, 1993 (Oxford University Press, published for the World Bank, 1993).

5/ The statistics in the synthesis were taken exclusively from the national reports and the complementary information forms. When discrepancies existed between the two, the latter source was given precedence. It should be noted that these two sources of statistics do not always correspond exactly with those of the United Nations.

6/ It should be noted that not all countries have the same definition for "urban area".

7/ Once again, this figure would probably have been higher if the reports had specified the aspects of development that had contributed to the degradation of the environment.

ANNEX I

Countries that submitted national reports

Regions	Number of reports	Countries
Sub-Saharan Africa	45	Angola, Benin, Botswana, Burkina Faso, Burundi, Cameroon, Cape Verde, Central African Republic, Chad, Comoros, Congo, Côte d'Ivoire, Djibouti, Equatorial Guinea, Ethiopia, Gabon, the Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Mauritius, Mozambique, Namibia, Niger, Nigeria, Rwanda, Sao Tome and Principe, Senegal, Seychelles, Sierra Leone, Sudan, Swaziland, United Republic of Tanzania, Togo, Uganda, Zaire, Zambia, Zimbabwe
Africa (northern)	5	Algeria, Egypt, Libya, Morocco, Tunisia
Asia (eastern, south-eastern and southern)	21	Bangladesh, Bhutan, Cambodia, China, Democratic People's Republic of Korea, India, Indonesia, Japan, Lao People's Democratic Republic, Malaysia, Maldives, Mongolia, Myanmar, Nepal, Pakistan, Philippines, Republic of Korea, Singapore, Sri Lanka, Thailand, Viet Nam
Asia (western)	13	Bahrain, Cyprus, Iran (Islamic Republic of), Iraq, Israel, Jordan, Kuwait, Lebanon, Oman, Syria, Turkey, United Arab Emirates, Yemen
Oceania	14	Australia, Cook Islands, Fiji, Kiribati, Marshall Islands, Micronesia (Federated States of), New Zealand, Niue, Papua New Guinea, Solomon Islands, Tonga, Tuvalu, Vanuatu, Western Samoa
Central and South America	20	Argentina, Belize, Bolivia, Brazil, Chile, Colombia, Costa Rica, Ecuador, El Salvador, Guatemala, Guyana, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Suriname, Uruguay, Venezuela

Regions	Number of reports	Countries
Caribbean	10	Antigua and Barbuda, Barbados, British Virgin Islands, Cuba, Dominican Republic, Grenada, Jamaica, Saint Lucia, Saint Vincent and the Grenadines, Trinidad and Tobago
Europe (western, northern and southern)	18	Austria, Belgium, Denmark, Finland, France, Germany, Greece, Ireland, Italy, Liechtenstein, Luxembourg, Netherlands, Norway, Portugal, Spain, Sweden, Switzerland, United Kingdom
Eastern Europe and Commonwealth of Independent States	19	Albania, Armenia, Azerbaijan, Belarus, Bulgaria, Croatia, Czech Republic, Hungary, Latvia, Lithuania, Moldova, Poland, Romania, Russian Federation, Slovenia, Slovakia, Tajikistan, Ukraine, Federal Republic of Yugoslavia (Serbia and Montenegro)
North America	2	Canada, United States of America

ANNEX II

Annual population growth rates by subregion, 1970 and 1990

(percentage)

Year	Northern Africa	Eastern Africa	Southern Africa	Middle Africa	Western Africa	Western Asia	Southern Asia	South-eastern Asia	Eastern Asia
1970	2.4	2.7	2.6	3.0	2.8	2.7	2.9	2.5	2.4
1990	2.3	3.1	3.3	3.1	2.9	2.5	2.2	2.0	1.4
percentage change	-4	+15	+27	+3	+4	-7	-24	-20	-42

Year	Oceania	Central America	South America	Caribbean	North America	Western Europe 2/	Eastern Europe/CIS
1970	1.96	3.1	2.6	1.7	--- 1/	0.6	0.70
1990	1.50	2.1	1.9	1.5	0.7	0.3	0.32
percentage change	-23	-32	-27	-12	---	-50	-54

1/ Data from the national report is insufficient.

2/ Includes western, northern and southern Europe.

ANNEX III

Infant mortality rates, crude death rates and life expectancy at birth by subregion, 1970 and 1990

Indicator	Northern Africa	Eastern Africa	Southern Africa	Middle Africa	Western Africa	Western Asia	Southern Asia	South-eastern Asia	Eastern Asia
Infant mortality rate (per 1,000 live births)									
1970	124.80	147.90	116.6	133.4	155.96	136.2	132.3	103.6	46.3
1990	56.10	112.80	60.7	103.7	95.90	63.8	82.2	56.8	33.7
percentage change	-55	-24	-48	-22	-39	-53	-38	-45	-27
Crude death rate (per 1,000 inhabitants)									
1970	19.30	24.30	16.6	18.8	22.10	11.5	18.0	14.7	7.1
1990	8.98	18.50	12.0	13.9	13.20	9.2	10.2	8.1	6.3
percentage change	-53	-24	-28	-26	-40	-20	-43	-45	-11
Life expectancy at birth (years)									
1970	47.80	43.96	52.9	43.8	44.90	58.1	49.8	51.6	65.2 _1_/
1990	61.80	52.30	59.8	50.7	51.60	65.1	58.8	63.3	71.4 _1_/
change (years)	14.00	8.30	6.9	6.9	6.70	7.0	9.0	11.7	6.2

Indicator	Oceania	Central America	South America	Caribbean	North America	Western Europe 3/	Eastern Europe/CIS
Infant mortality rate (per 1,000 live births)							
1970	41.90 1/	72.98	94.9	46.1	19.90	23.1	25.6
1990	28.60	41.80	46.0	23.5	8.95	7.5	16.1
percentage change	-32	-43	-52	-49	-55	-68	-37
Crude death rate (per 1,000 inhabitants)							
1970	8.96	--- 2/	10.5	8.7	--- 2/	10.6	8.8
1990	7.10	--- 2/	6.7	7.2	--- 2/	10.3	11.6
percentage change	-21	---	-36	-17	---	-3	+32
Life expectancy at birth (years)							
1970	63.30	61.40	57.2	65.3	71.00	71.3	69.2
1990	66.10 1/	70.00	67.1	70.5	75.70	76.4	70.3
Change (years)	2.80	8.60	9.9	5.2	4.70	5.1	1.1

1/ These are unweighted figures because data from the national reports are insufficient.

2/ Data from the national reports are insufficient.

3/ Includes western, northern and southern Europe.

ANNEX IV

Total fertility rates and crude birth rates by subregion, 1970 and 1990

Indicator	Northern Africa	Eastern Africa	Southern Africa	Middle Africa	Western Africa	Western Asia	Southern Asia	South-eastern Asia	Eastern Asia
Total fertility rates									
1970	6.9	6.5	6.0	6.2	6.6	5.0	6.40	5.6	5.4
1990	4.5	6.7	5.4	6.8	6.3	4.3	3.96	3.5	2.2
percentage change	-35	+3	-10	+10	-5	-14	-38	-38	-59
Crude birth rate (per 1,000 inhabitants)									
1970	44.2	47.0	--- 1/	--- 1/	48.7	34.5	42.70	37.9	33.3
1990	32.2	44.5	42.0	43.9	41.9	31.6	30.40	28.1	20.9
percentage change	-27	-5	--- 1/	--- 1/	-14	-8	-29	-26	-37

Indicator	Oceania	Central America	South America	Caribbean	North America	Western Europe 2/	Eastern Europe/CIS
Total fertility rates							
1970	3.4	6.7	5.20	4.8	2.2	2.3	2.0
1990	2.1	3.6	2.97	2.8	1.9	1.6	1.8
percentage change	-38	-46	-43	-42	-14	-30	-10
Crude birth rate (per 1,000 inhabitants)							
1970	21.1	--- 1/	37.40	33.0	--- 1/	16.2	15.1
1990	16.8	--- 1/	24.70	23.5	--- 1/	12.2	13.5
percentage change	-20	---	-34	-29	---	-25	+11

1/ Data from the national reports are insufficient.

2/ Includes western, northern and southern Europe.

ANNEX V

Urban growth rates and percentage of the population living in urban areas by subregion, 1970 and 1990

Indicator	Northern Africa	Eastern Africa	Southern Africa	Middle Africa	Western Africa	Western Asia	Southern Asia	South-eastern Asia	Eastern Asia
Urban growth rate (percentage)									
1970	3.6	5.4	--- 1/	--- 1/	9.8	4.8	4.50	4.3	2.3
1990	3.3	5.4	6.5	6.7	5.6	4.8	4.99	4.4	4.4
percentage change	-8	0	--- 1/	--- 1/	-43	0	+11	+2	+91
Percentage of population living in urban areas									
1970	35.1	10.8	--- 1/	31.5	21.1	39.9	16.00	20.3	18.3
1990	42.6	18.1	35.8	38.7	30.7	58.2	22.40	30.7	32.8

Indicator	Oceania	Central America	South America	Caribbean	North America	Western Europe 2/	Eastern Europe/CIS
Urban growth rate (percentage)							
1970	2.4	4.50	4.70	--- 1/	--- 1/	-0.95	1.4
1990	1.7	2.95	2.98	2.9	--- 1/	1.31	0.9
percentage change	-29	-34	-37	--- 1/	--- 1/	+238	-35
Percentage of populations living in urban areas							
1970	74.2	--- 1/	57.30	--- 1/	--- 1/	66.00	58.6
1990	73.1	65.30	74.00	65.6	--- 1/	69.90	69.7

1/ Data from the national reports are insufficient.

2/ Includes western, northern and southern Europe.

ANNEX VI

Country-specific data on key population and health indicators a/

REGION	COUNTRY	Population size (thousands)		TFR		CBR		Population growth		IMR		CDR		Life expectancy b		Urban growth		Percentage urban	
		1970	1990	1970	1990	1970	1990	1970	1990	1970	1990	1970	1990	1970	1990	1970	1990	1970	1990
Northern Africa	Egypt	36 600	52 900	6.56	3.9	41.8	30	2.35	2.2	116	38	18.3	7.4	49.7	64.6	2.7	2.8	42.2	47
	Morocco	14 900	24 500	7.4	4.2	47.7	29.5		2.2	123	57		7.4		65	4.3	3.8	35	48
	Sudan	13 900	20 300	7.1	6.6	47	41	2.6	2.6	150	102	22.1	15	42.8	50.8	5	4	16.4	24.6
Eastern Africa	Burundi	3 200	5 290	5.9	6.7	45	43		3	147	104		16	41.5	51				6
	Comoros		450	6	6			2.6	2.7		114.5	19	15.1		55				28.5
	Djibouti		520		5.8		47.5		6.1		114		17.5		50		6.2		76.6
	Ethiopia	29 400	50 100	5.8	7.9	49.9	49.3	2.3	3.2	153	137	25.7	22.3	43.9	53.8	4.8	5.1	8.6	14.6
	Kenya	10 900	25 000	7.6	5.4			3.3	3.3		70			49	58				
	Madagascar	7 600	11 200	6.6	6.1	46	45.5	2.1	3	102	110	25	16.6	37.9	55.8	4	5.9	16.3	23.8
	Malawi	4 500	8 900	7.4	7.6	53	41.2	2.7	3.7	197	134	26	20	41	48	7	6.4	6	12.3
	Mauritius	850	1 060	3.7	2.32	25.3	21.3	2.3	0.8	65.1	20.4	7.9	6.6	63.5	69.5		0.8	42.9	39.2
	Mozambique	9 410	15 730	6.73	6.02	48.2	44.22	2.3	2.8	193	129	25.7	16.4	46	48.6				20
	Rwanda	3 700	7 200		6.9	48	45.9	2.6	3.1	121	120	22	14.1	42	49	7.5	8.2	3.5	5.4
	Seychelles	56	71	5.86	2.71	33.6	22.6	2.6	0.4	33.2	12	9.4	7.7	68	70.4				
	Uganda	9 500	16 400	7.1	7.1	50	50	3.8	2.9	120	122	20	22	46.4	44.4		6.1	7.8	11.1
	Tanzania, United Rep. of	12 313	27 236	6.6	6.3	47	43	3.04	2.8		115			41	49		5.8		20
	Zambia	4 060	7 820	6.9	7	17.7	19.7	2.5	3.2		107.2		13.2	43.4	51	6.9	3.7	29.4	42
	Zimbabwe	5 100	10 400		5.4		39.9		3.13		53		8.7		59.6				29
Southern Africa	Botswana	570	1 330	6.5	5.3	45.3	38.7	2	3.5	91	45.1	13.7	11.4	58.6	62.7		7.4	9.5	45.7
	Lesotho	850	2 040	5.6	5.2														
	Namibia	740	1 400		5.4		42	2.98	3.05		57		12		58.8		5.55		32.57
	Swaziland	370	681		6.4		48.3		3.4	156	99	21	13	44	56				23
Middle Africa	Angola	5 600	10 000		8.9				2.7		160			35	45	8.5	7.5		
	Cameroon	7 660	11 530		5.6		41.7		2.9		55	20.4	12.8		55		6.1		40.6
	Central African Republic	2 050	2 690		6	43.5	41.6	2.5	2.5	139	106	19.4	16.7	43	49		2.9	33.8	36.5
	Congo	1 300	2 300	7				3.9	2.9	125				47					
	Equitorial Guinea		350		5.7		42.1		2.4		120		17.6		49		4.1		36.1
	Gabon	480	1 090		5.34		35.9	2	2.9	143	94	26	15.6	45	52.5		5.11		47.3
	Sao Tome & Principe	74	117	7.8	5.4	47.2	35.5	1.4	2	65.2	73.5	14.2	10.4	61.6	63.9		3		33
	Zaire	20 710	37 280		6.7		45	3	3.4			18	14	46	51		7	31.3	38
Western Africa	Benin		5 047		6.8				2.9		101		17		47.8				31
	Burkina Faso	5 640	9 070	6.7	7.3	46	50	2.02	2.6		114.6	24	16.4	42.2	51.8	10.8	4.5	6.4	14
	Cape Verde	271	342	7.1	5.4	100	56	3.1	1.5		45		8.2		62		5.6		45
	Côte d'Ivoire	6 710	10 820	6.8	6.8		48	3.6	3.8	190	97		12.3		55.6	11	5.3		39
	The Gambia		1 026		6.39		49.5		4.1		97		21		42				
	Ghana	8 559	14 853	6.7	6.4						77		11	47	58			28.9	
	Guinea	3 685	5 694	6	6				2.8		146				47				30
	Guinea-Bissau		1 000		6				2.3		146				47				20
	Liberia	1 500	3 000					3.4		132		18		50.2				29.2	
	Mali	5 410	8 130	6.3	6.8	49	45.8	2.82	1.81	121	108	18.2	12.6	48	56		4.34		23
	Mauritania	1 100	1 970	6.5	6.4		46	2.2	2.9	147	129	27	17.6		48.6	9.1	7.9	9.1	43.1
	Niger		8 260	7	7.4		52		3.3		145		20		47				21
	Nigeria		108 000		6	50	39		2.9	99	87	25	12		51		6		32
	Senegal	5 000	7 000						3	120	86		17		54				39
	Sierra Leone	2 700	3 600	6.5	6.3	48.7	47	2.3	2.5	225	154	26.2	21.1	34.8	41.1	5.2	2.1	27.5	34.5
	Togo	2 000	3 700		6.6		47	2.6	3.4				13		55		4.4		25

a/ If the 1970 or 1990 figures did not appear in the reports, figures between 1966 - 1974 and 1986 - 1994 were used (if available) as 1970 or 1990 figures.

b/ Both sexes combined.

REGION	COUNTRY	Population size (thousands)		TFR		CBR		Population growth		IMR		CDR		Life expectancy b		Urban growth		Percentage urban	
		1970	1990	1970	1990	1970	1990	1970	1990	1970	1990	1970	1990	1970	1990	1970	1990	1970	1990
Western Asia	Bahrain	220	490		3.9		29.5	2.82	3.55		20.1		3.8		68.1	5.3	4.45	78.1	88.4
	Cyprus	640	725															42	68
	Israel	2 900	3 453	3.83	3.07	25.4	22.8			24	10		6.3		76.8				90.4
	Jordan	1 510	3 450	7.4	5.6	50	34	4.8	3.4	70	34	12	6	58	66				78
	Kuwait	700	2 100	7.2	6.5	46.4	39.2	9.6	4.7	41.2	13.6	6.5	2.4	65	74.5	9.6	4.7	100	100
	Lebanon	2 591	2 352			33			2.5										
	Turkey	35 610	56 470	5	3.4	34.5	27.7	2.52	2.17	150	59.3	11.6	7.8	57.95	67.3	4.73	4.03	38.45	59.01
	United Arab Emirates	220	1 840		5.4		27.4		5.3		18		2.2		72		4.7		78.2
	Yemen		11 270		8.4		52.6		3.1	-	131		21		47.3		8.69		25.13
Southern Asia	Bangladesh	76 400	109 900	6.3	4.24	42.9	32.8	2.5	2.17	150	88	19	11.3	48.5	56.6		6.1	8.78	14.4
	Bhutan		600		5.9				2		134				53.1				
	India		846 300		3.6		29	2.69	2.14		79		10		58.6				
	Maldives		238		6.4		40		3.4		34		6		66.9				26
	Nepal	11 560	18 490	6.3	5.8	43	37.5	2.07	2.1	172.6	102	23.1	13.8	41.49	54.7	3.23	5.89	4	9.2
	Pakistan	65 310	112 050	7.02	6.4	45	39	3.6	3.1	121	107	18	10.5		60.7	4.8	4.3	25.4	32
	Sri Lanka	12 700	17 000	4.1	2.5	29.7	22.9	2.1	1.2	46.6	20.3	7.5	5.9	65.5	72.5	4.2	1.5	22.4	24.9
South-eastern Asia	Cambodia	7 000	8 600		4.5	42	38	2.4	2.8	156	117	21	15	43	50				12.6
	Indonesia	119 200	179 300	5.6	3.3	40.6	27.9	2.1	1.9	145	71	19.1	8.9	47.7	61.3	3.8	5.1	17.3	30.9
	Lao PDR		4 140		6.7		42		2.62		118		15.4		50		5.1		18.7
	Malaysia	10 800	17 800	4.9	3.3	32.4	28.4	3	2.3	39.4	13.3	6.7	4.9	63.6	71.15	3.2	4.3	26.7	40.7
	Myanmar	28 920	40 790	5.7	3.6	37.6	28.44	2.3	1.88	55.8	47	10.4	8.8		59.15		5.2	23.6	24.6
	Philippines	36 700	60 700	6	4.1	37.4	30	3.01	2.4	64	51.5	10.8	7.2	55.7	64.6	4.1	5.1	31.8	48.8
	Thailand	34 400	54 500	6.1	2.4	35.6	20.4	2.7	1.4	51.8	38.8	8.6	5.9	59	70	4.3	3.1	13.2	27.8
	Viet Nam	41 060	67 270	4.97	3.8	33.35	30.73	3.08	2.25		44		7.8		65	6.3	2.73	20.7	20.05
Eastern Asia	China	829 920	1 143 330	5.81	2.31	33.43	21.06	2.58	1.48		35	7.6	6.67			2.17	4.5	17.38	26.41
	DPR of Korea		20 960			44.7	22	3.77	1.61		9.2	7	5.9		74.5				
	Japan	104 000	123 000	2	1.6			1	0.3			2.15	2.7	74.4	79.2				77
	Mongolia	1 265	2 149	7.2	3.9			2.78	2.48	70.4	64.4	12.4	8.5	57.85	60.45				56
	Rep. of Korea	32 200	42 900	4.5	1.63	29.9	15.6	2	0.93	45.4	9.7	9.4	5.8	63.2	71.3	5.3	2	41.1	74
Western Europe	Austria	7 470	7 720	2.29	1.45	15	11.7	0.3	1.7	25.9	7.5	13.2	10.7	70.1	76.2			65.4	64.6
	Belgium	9 640	9 970	2.25	1.7	14.66	12.41	0.32	0.39	21.1	7.9	12.31	10.52	70.7	76			94.3	96
	Denmark	4 900	5 100	1.95	1.76	14.4	12.3	0.7	0.2	14.2	7.5	9.8	11.9	73	75.1	0.2	0.1	80	55
	Finland	4 600	5 000	1.83	1.79	14	13.1	-0.3	0.5	13.2	5.9	9.6	10	71	75	1.4	0.4	50.9	61.6
	France	49 600	57 200	2.58	1.73						7.2			71.5	77.2				
	Germany	78 100	79 800	2.01	1.45					23.4	7.1			69.7	75.8				
	Ireland	2 978	3 563		2.11						6.6		8.95	71.2	73.8			52	57
	Italy	54 000	56 800	2.43	1.25	17	10.2	0.67	0.07	29.6	8.3	9.8	9.6	71.95	77.2				
	Liechtenstein	21	30																
	Luxembourg	340	380	1.98	1.61	13	12.9	0.38	1.33	25	7.4	12.2	9.9	70.25	75.85				
	Netherlands	12 960	14 890	2.58	1.59			1	0.7	12.7	7.1	8.4	8.6	73.7	76.7	-4.37	1.48	52.8	50.8
	Norway	3 890	4 250	2.5	1.93	16.6	14.4	0.56	0.39	12.7	6.9	10	10.9	74.2	76.63	2.2	1.1	65.9	72.1
	Portugal	8 610	9 870	2.76	1.51	17.8	11.8	-0.32	-0.19	58	10.9	9.6	10.4	67.6	73.5		0.4		57.1
	Spain	33 800	39 000														1.9	66	79
	Sweden	8 080	8 590	1.94	2.14	13.7	14.5			11	5.9	10	11.1	74.2	77.6	1	0.7		
	Switzerland	6 190	6 750	2.1	1.59	16.1	12.5	1.46	0.64	15.1	6.8	9.2	9.5	73.2	77.5			57.6	68.9
	United Kingdom	55 600	57 800	2.45	1.82	16.2	13.7		0.3	18.5	7.4	11.8	11.2	71.9	76.1				

REGION	COUNTRY	Population size (thousands)		TFR		CBR		Population growth		IMR		CDR		Life expectancy b		Urban growth		Percentage urban	
		1970	1990	1970	1990	1970	1990	1970	1990	1970	1990	1970	1990	1970	1990	1970	1990	1970	1990
Eastern Europe & CIS	Croatia		4 784	2.1	1.54		11.7						11						
	Hungary	10 320	10 370	1.97	1.75	14.7	12.1	3.6	-0.3	35.9	14.8	11.6	14.1	69.6	69.4			36.9	43.4
	Latvia	2 370	2 670	<1.93	1.5	14.6	14.2	0.62	-0.21	17.9	13.7	11.3	13	70.1	68.7	0.68	-0.3	61.1	69.2
	Lithuania	3 128	3 751	2.4	2	15.2		0.8	0.75		10.3		10.6	70.85	71.4			50	69
	Poland	32 700	38 200	2.2	2	16.6	14.3	0.8	0.4	33.4	15.9	8.1	10.2	70.3	71.2	1.5	0.9	52.3	61.8
	Russian Federation	130 100	148 000	1.97	1.73	14.6	13.4	0.5	0.34	23	17.4	8.7	11.2	68.8	70			62	74
	Slovakia	4 530	5 300	2.4	2.07	18	15.2	0.21	0.41	25.7	12	9.3	10.3	69.8	71.55		1.24		58.76
	Ukraine		52 000		1.7						14		13.4		70.65				
Caribbean	Antigua & Barbuda	67	64	2.6						22.1	21.1	5.2		72	75				31
	Barbados	240	260			20.7	17		0.1	45.6	15.3	8.7	8.8	68.4	75.2				
	British Virgin Islands	10	16	3.6	2	30.3	17.6	2	2.3	27.3	23.9	6.8	4.6		74.5				68.9
	Cuba	8 600	10 690	3.7	1.83	27.7	17.6	1.3	1.1	38.7	10.7	6.3	6.8	70.4	74.75		1.7	60.5	73.9
	Dominican Rep.	4 400	7 200	6.28	4.23	42.05	32.76	2.8	2.4	66	43	14.17	8.46	53.51	63	6.7	4.6		58.65
	Grenada	93	95		3.5	29.1	26.2					7.9	7		69.5				
	Jamaica	1 840	2 400	5.55	2.9	34.4	24.8	1.4	1	32.2		7.7	5.1	68.5	73				52
	St. Lucia	1 000	130	6.3	3.1	39	27	1.5	1.5	49.3	18.6	8	6	67	72		2.6		30
	St.Vincent & the Grenadines		108	6.3	2.8				0.77		19	8.3	6.1		71				
	Trinidad & Tobago	941	1 162		2.4		19.5						6.7		70.5				
Central America	Belize	120	189		4.9				2.6	67	35			69	72				48
	Costa Rica	1 900	3 000	4.9	3				2.7	19.1	15.3				75.2				
	El Salvador	3 600	5 000	6.2	4.4			3.5	0.9										50
	Guatemala	5 200	9 200		5.8			2.8	2.8		80				62		3.5		40
	Honduras	2 600	5 300	7	5.1			3	3.2		50				67.5				44
	Mexico	50 360	81 200	6.8	3.2	42.83	28.76	3.08	2.01	76	38	9.88	5.72	61.22	71	4.5	2.9	58.7	71.3
	Nicaragua		3 800		4.7				3.3		56				67				56
	Panama	1 500	2 400	5.4	2.96			3.1	1.9	40.5	18.9			65.5	72.5	3.4	2.9		54
South America	Argentina	24 000	33 000	3.15	2.8			1.6	1.4	46.9	25			67.3	71.1				86
	Bolivia		7 100	6.5	5				2.1	113	75				59		4.1		
	Brazil	93 140	144 540	5.8	2.7	38.7	23.7	2.9	1.9	116.9	51.6			52.7	65.5	5.2	3.1	55.9	74.1
	Chile	8 900	13 400	4.4	2.7	26.4	22	2	1.7	82.2	14.6	8.7	5.6	64	72	2.4	2.2	75	83.5
	Colombia	21 400	33 000	4.7	2.9	34.5	25.8	2.3	2	73	37	8.7	5.9	61.6	69.3	3.7	2.5	57	69
	Ecuador	6 000	10 300	6.3	3.83	41.5	29.3	3	2.35	101	53	12.1	6.5	57.8	67.9	4.5	4.2	39.54	55.37
	Paraguay	2 400	4 100	5.7	4.3				3.1	55	47			65.5	67.3		4.4		50
	Peru	13 190	21 550	6.2	3.7	42.1	30	2.89	2.04	118	82	14.2	8.3	54	63.4	4.8	2.8	58.1	70.3
	Suriname		414	5.6	2.9				1.6										
	Uruguay	2 810	3 090	3	2.3	19.54	18.26	0.58	0.56	50.2	20.4	9.41	9.77	68.9	72.5	1.15	0.89	83	88.82
	Venezuela	10 600	20 000	5.3	3.4			3.5	2.6	54	27				71.1		2.7		71
North America	Canada	22 064	28 436	2.12	1.71	16.4	14.6	1.2	1.5	17.5	6.8	7.1	6.9	73.1	77.9				
	United States of America	204 000	249 000	2.2	1.9				0.6	20.2	9.2			70.8	75.5				
Oceania	Australia	12 510	17 070	2.8	1.9	20.6	15.4	1.99	1.38	17.9	8.2	9	7	71.5	77	2.57	1.47	85.57	85.1
	Cook Islands					37.3	26.6			46.2	24.9	7.4	7.9	65					
	Fiji	447	715	7.3	3.2	28.6	24.3	3.22	0.9										
	Kiribati		72				29.4		2				9.2		55				
	Micronesia		101		6.5		35		3		50		3.5						
	New Zealand	2 850	3 410	3.17	2.18	22	17.9	1.7	1.2	16.8	8.3	8.8	7.9	71.6	75.4	1.9	1.8	81.5	85
	Niue	5	2		3.5		37		-1.2				12						
	Papua New Guinea	2 400	3 900	5.9					2.5		134							6	15
	Solomon Islands	161	332	7.3	6.4		40		3.5	70	38		8	51	60.7		6.8		13
	Tonga		97	7.12	4	40	32	3.2	0.6	59	22	14	7	57.5	67				
	Tuvalu		10		3.4		29		1.2		41		9		67	16.3	4.7		
	Vanuatu		139		5.3		38				45		9		62.9		7.5		
	Western Samoa	146	161	7	5			0.7	0.5		23.7		5.1		64		4		
